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ABSTRACT

In fall 1990 the U.S. Department of Education initiated a 5-year longitudinal study of the outcomes of local prevention-education programs funded under the Drug-Free Schools and Communities Act of 1986 (DFSCA). This report presents findings of a study that examined prevention services and activities funded under the Governors' DFSCA program. Of specific interest was the portion of the Governors' fund that targets services to high-risk youth. Data were gathered through site visits to a total of 25 local projects in 10 states and through interviews with project staff, officials in the project's host organization, project evaluators, community members, project participants, and parents. Part 1 contains a cross-state and cross-site synthesis of key findings. The state-level discussion examines state factors such as policies, priorities, funding practices, and other issues that appear to affect decision-making regarding funding and activities of local projects. The project-level synthesis summarizes effective strategies to reach high-risk youth and reviews the challenges faced by community-based organizations and individuals as they attempt to implement effective services for specific types of high-risk youth. Effective programs were characterized by intensive and extensive interventions, services targeted on particular groups, the provision of "safe havens," an emphasis on parental involvement, collaborative relationship with schools and other community services, and services offered in the places most frequented by youth. Part 2 contains profiles of the projects visited. Each profile contains an overview, the project's rationale, a description of participants, services, and activities; a discussion of the project's funding and staffing; a review of program evaluations; and a summary. One table is included. (LMI)

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Community-Based Prevention Services for High-Risk Youth: A Study of the Governors' DFSCA Program

Final Report

U.S. Department of Education
Planning and Evaluation Service

1994

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Community-Based Prevention Services for High-Risk Youth: A Study of the Governors' DFSCA Program

Final Report

1994

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U.S. Department of Education
Planning and Evaluation Service

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INTRODUCTION

In fall 1990, the U.S. Department of Education (ED) initiated a five-year longitudinal study of the outcomes of local prevention education programs funded under the Drug-Free Schools and Communities Act of 1986 (DFSCA). The broad purpose of the study is to answer two questions:

1. Do prevention programs for children and youth make a difference?
2. What are the strategies for drug prevention that are most successful, under what conditions, and for which youth?

To address these questions, Research Triangle Institute (RTI), the contractor selected by ED to conduct the study, is implementing a longitudinal study of youth's knowledge, attitudes, and behaviors regarding alcohol and other drugs in 19 school districts across the country. The study is also examining changes in state and local program operations under DFSCA through a mail survey of state agencies responsible for administering DFSCA programs.

In addition to components of the longitudinal outcomes study that focus on prevention education activities implemented in schools and districts around the country, ED asked RTI to examine prevention services and activities funded under the Governors' DFSCA program (nearly 20 percent of the total state formula grants under DFSCA, or $99,976,500 in Fiscal Year 1993). Of specific interest was that portion of the Governors' funds that targets services to high-risk youth. Representing at least 42.5 percent of the total Governors' allocation, the high-risk youth (HRY) funds are to provide services to youth who are under 21, are at high risk of

becoming, or have already become, drug or alcohol abusers, and have one or more of the following characteristics:

(A) is a school dropout;
(B) has experienced repeated failure in school;
(C) has become pregnant;
(D) is economically disadvantaged;
(E) is the child of a drug or alcohol abuser;
(F) is a victim of physical, sexual, or psychological abuse;
(G) has committed a violent or delinquent act;
(H) has experienced mental health problems;
(I) has attempted suicide;
(J) has experienced long-term physical pain due to injury; or
(K) is a juvenile in a detention facility within the State.[1]

ED was interested in examining the extent to which the DFSCA HRY funds have made a difference in helping states and localities prevent or reduce drug use among youth targeted for services and in identifying effective community-based strategies and programs for preventing or reducing alcohol and other drug use among these youth.

To examine these issues, study staff designed a small "substudy" that involved identifying states and local projects that would provide a picture of the types of activities and services that Governors' funds are supporting and how those activities fit into states' broader drug prevention plans and policies. Our design called for visits to selected states and a small set of projects within those states to examine these issues. The focus of the substudy was community-based projects that target particular needs of youth in communities across the nation.

To obtain as broad as possible an understanding of the range and diversity of these activities within ED's time and cost constraints, we undertook an effort to identify candidate

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[1]Public Law 99-570, as amended, Section 5122(b)(2).

projects all across the nation. This effort involved telephone and mail contacts with state agencies responsible for administering Governors' HRY funds, and review of materials on projects they nominated based on the following criteria: projects had to (1) be community based, (2) be of sufficient size to be likely to have measurable effects, and (3) have some evidence of their effectiveness in achieving their prevention-related goals.[2] We then analyzed the large number of projects that appeared to meet these criteria in order to obtain a range of activities in terms of population served, types of services provided, and area served by the project (urban, rural).

Because we were interested in how the projects selected fit into a state's prevention efforts and in state influences on local project operations and effects, we also reviewed state-level priorities and procedures for selecting and working with the local HRY projects. Among the factors of interest at the state level were a state's criteria or guidelines for awarding Governor's funds to local projects, methods for selecting grantees, and whether the program had conducted an evaluation.

Our screening activities yielded 10 states and a total of 25 local projects for investigation. All of the projects we visited received some Governors' DFSCA funds, ranging from less than $10,000 to over $200,000 per year. In addition, all of the projects received funds from other sources, such as other federal or state funds, foundation support, and local support (including public support and monetary and other support from the private sector or other sources). This multiplicity of funding sources is an important consideration in the context of the projects'

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[2]While some of the projects have conducted formal evaluations that provide evidence of their effectiveness, many are just becoming mature enough to undertake this activity. Consequently, many of the projects may be considered promising rather than proven.

activities and services. Some of the project profiles contain descriptions of services and activities that are not allowable under DFSCA; however, site visit findings indicate that these activities are supported by non-DFSCA sources of funding. Although our primary focus in the study was in the activities supported with DFSCA Governors' HRY funds, in the interest of presenting a comprehensive picture of the multiple needs of high-risk youth and the intricate service designs that local projects have developed to address those needs, we include in the profiles a description of services funded by other sources as well as those specifically supported under DFSCA.

Table 1 identifies the projects we visited in each state, including an indication of the population each project targeted for services and level of DFSCA Governor's HRY funding. During late fall and winter 1992-93, we visited the 10 states and the local projects selected for examination. At each project, we interviewed project staff, officials in the project's host organization, project evaluators, community members, and, as appropriate, project participants and parents.

Subsequent sections of this report present our findings from the study. Part 1 of the report contains a cross-state and cross-site synthesis of key findings. The state-level discussion examines state factors, such as policies, priorities, funding practices, and other issues, that appear to affect decisionmaking regarding funding and activities of local projects. The project-level synthesis addresses what these projects tell us regarding what works for high-risk youth, along with review of challenges faced by community-based organizations and individuals as they attempt to implement effective services for specific types of HRY youth (e.g., pregnant teens, adjudicated youth).

Part 2 of the report contains profiles of the projects we visited during the study. Each profile follows a common format, comprising an overview of the project's rationale; a section on participants, services, and activities; discussion of the project's funding and staffing; review of evaluation or other information on project effects and effectiveness; and a summary.

Table 1

Local Recipients of Governor's Funds Selected for Visits
Study of Governor's DFSCA Program in Ten States

STATE	*GRANTEE*	*TARGET POPULATION*	*GRANTEE FUNDING LEVEL (FY 1993)*
Arizona	Tucson Association for Child Care	Teen parents	$60,000
	Phoenix Youth at Risk	Multiple risk factors	$210,000
	CODAC Behavioral Health Services	High-risk children aged 3-5	$187,000
California	California Conservation Corps	Dropouts, underachievers	$202,000
	Friday Night Live	Multiple risk factors	$3,000 - $15,000
	Office of Criminal Justice Planning	Youth in gangs	$98,650
Georgia	West Georgia Youth Council, Inc.	First offenders and parents	$32,000
	The Bridge Family Center of Atlanta	Runaway, homeless, abused youth	$50,000
Maine	Medical Care Development (central and 2 local sites)	Community-based prevention education	$101,000
Massachusetts	Essex County Diversion Program	Adjudicated youth	$40,000
	Prevention Centers Network	Rural, suburban, inner city high-risk youth	$200,000
	The Streetworker Program	Inner city high-risk youth	$50,000
Minnesota	Hmong American Partnership	Grades 4-8 Hmong youth in housing projects (bilingual)	$33,000

Table 1, continued

STATE	*GRANTEE*	*TARGET POPULATION*	*GRANTEE FUNDING LEVEL (FY 1993)*
New York	The Women's Action Alliance	Teen mothers, children 0 - 12	$118,608
	Bronx Betterment Committee	High-risk youth ages 9 to 15	$101,000
North Carolina	NC Commission for Indian Affairs	Native American youth	$78,304
	Migrant Benevolent Association	Children of migrant farmworkers	$58,500
	Wake County Drug Action	High-risk black youth	$26,525
Ohio	The Community Network	Deaf youth	$63,000
	Urban Appalachian Council	High-risk Appalachian youth living in urban poverty	$69,000
Wyoming	Attention Homes	Pregnant teens, abuse victims, juvenile offenders	$15,000
	Cheyenne Child Care Centers	Teen mothers	$29,000
	Youth Alternatives	Adjudicated youth	$9,997
	CLASP	Latchkey children (grades K - 6)	$16,000
	Wind River Youth Center	Rural high-risk youth	$17,250

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PART 1: STUDY FINDINGS AND IMPLICATIONS

This study of projects supported by Governors' DFSCA funds in 10 states across the country had two main components. The first was investigation of state roles and activities relative to the Governors' DFSCA funds for high-risk youth. This component involved interviews with state officials responsible for administration of the Governors' HRY funds in the state as well as interviews with other relevant officials (e.g., policymakers, state education officials serving as liaisons to the Governors' programs). In addition to the interviews, we collected and reviewed a substantial amount of documentation on (1) state priorities for substance abuse treatment and prevention overall, focusing specifically on allocation of HRY funds in the broader state context; (2) HRY grant application and operational requirements and procedures; and (3) evaluation and program improvement activities.

The second component of the study was visits to projects that had been nominated by state officials responsible for Governors' HRY funds as effective or promising based on formal evaluations or other types of documentation. As noted previously, from the nominated projects we selected a total of 25 that reflected diversity in types of high-risk youth targeted for services, project service designs, and locale. Part 2 of this report contains profiles of those projects, grouped according to their primary target populations, as follows:

- Projects that target high-risk youth in urban or rural areas
- Projects that target adjudicated youth
- Projects that target teen parents and young children
- Projects that target racial or ethnic minorities

- Projects that target other special populations.

In this part we present the key findings and implications of our study. Included are discussion of the influence of state-level factors on the operations of local projects, along with a discussion of what appears to work (and does not work) for high-risk youth. Neither states nor projects were selected to be representative of the universe of activities supported under the Governors' DFSCA funds, and the reader is cautioned that our purposive sample does not yield national generalizations. It does, however, provide a picture of the types of state-level priorities and constraints under which the projects are operating, and a look at a range of local activities that states have supported in efforts to provide effective prevention and early intervention services to high-risk youth under the requirements of the DFSCA legislation. While some of the projects have conducted formal evaluations that provide evidence of their effectiveness, many are just becoming mature enough to undertake this activity. Consequently, many of the projects may be considered promising rather than proven.

The State Context for HRY Projects

Key findings that emerge from analysis of our state-level interviews and document review include the following:

- **Local projects need a critical mass of funding** to increase their likelihood of having positive impacts on the substance use/abuse behavior of high-risk youth. Most projects are dealing with youth who have extremely difficult problems; distributing small amounts of funding to large numbers of grantees does not provide the concentration of funds necessary for projects to make a difference in the lives of these youth.

- In most states we visited, **Governors' programs provide services to youth who are not reached, or reachable, by school systems.** This pattern has developed because their target youth are not available to schools or because the services they provide are not compatible with the structure and mission of schools.

- **Governors' programs could accomplish more if they provided multiyear funding to projects**, so long as recipients demonstrated appropriate services and outcomes.

According to most of the state-level officials interviewed during the study, the amount of funds available through the Governors' allocation for HRY awards is modest, given the magnitude of the problem of substance use and abuse among high-risk youth and the exacerbation of that problem by such related issues as gang violence, crime, and lack of alternatives for youth without adequate academic or vocational skills. In the states we visited, state allocations for the Governors' HRY awards ranged from nearly $5 million to less than $200,000. One of the key challenges states have faced is developing strategies, such as coordination with other funding sources or local matching requirements, that will "stretch" these funds as far as possible toward accomplishing the purposes of DFSCA while at the same time accommodating the state's priorities and political realities.

Table 1 provides information on the DFSCA Governors' funding in the 10 states we visited along with information on state-level priorities in place at the time of our visits. In all, the states in the study received $33,326,525 in Governors' DFSCA funds for FY 1993, with totals ranging from over $11.5 million in California to less than $500,000 in Wyoming. Additionally, the amount of HRY funds ranged from nearly $5 million in California to less than $200,000 in Wyoming and slightly over $200,000 in Maine. As shown, while state-level priorities for these funds varied (Massachusetts, for example, targeted rural areas at the time of our visit, and Ohio and New York placed priority on innovative prevention approaches), nearly all of the states emphasized community-based projects that include partnerships and other forms of coordination across community service organizations (health, mental health, criminal justice, the schools). Two states, Maine and Minnesota, have used HRY funds to extend school-based services into the community. The other eight states encouraged coordination with schools while emphasizing the need for prevention and early intervention services located in the community for HRY youth whom the schools might not be able to reach.

The states we visited have implemented a variety of approaches to establishing these funding priorities. Some conducted statewide needs assessments to determine regional and local needs for prevention and early intervention. In one large state, for example, all state agencies with responsibility for prevention, treatment, mental health, and other related services developed a statewide master plan in 1988. The state plan is updated annually with information collected from county-level needs assessments. Another state, based on the policy guidance of a new governor and legislative action, is implementing a community-based strategy that will allocate

Table 1

State Priorities, DFSCA Governors' Allocations, and HRY Funds for Substudy States

STATE	*PRIORITIES*	*GOVERNORS' ALLOCATION (FY 1993)*	*HRY FUNDS (42.5%) (FY 1993)*
Arizona	▪ Community-based projects with priorities set by local alliances	$ 1,465,354	$ 622,778
California	▪ High-prevalence communities	$11,542,853	$4,905,712
Georgia	▪ Community partnerships ▪ Early prevention ▪ Culturally relevant services	$ 2,614,622	$1,111,214
Maine	▪ Community-based teams ▪ School-based student assistance teams	$ 494,411	$ 211,400
Massachusetts	▪ Rural areas ▪ Coordination and community services	$ 1,969,863	$ 837,192
Minnesota	▪ Specific HRY populations in community as extension of school-based services	$ 1,779,366	$ 756,230
New York	▪ Innovative prevention projects ▪ Geographic dispersion	$ 6,338,729	$1,031,142
North Carolina	▪ Community-based prevention and early intervention local programs ▪ Projects targeted to specific at-risk groups	$ 2,426,218	$1,031,142
Ohio	▪ Innovative projects ▪ Diversity (geographic, target populations)	$ 4,236,984	$1,800,718
Wyoming	▪ Community coordination and partnerships	$ 458,125	$ 194,703

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funds to communities, who will then award grants based on locally defined needs. State staff will monitor the progress of this strategy and provide technical assistance to local mobilization boards to assist them in implementing effective services. As these examples suggest, all of the states we visited have implemented procedures for identifying and responding to local needs for prevention and early intervention services targeted to high-risk youth. The fact that specific mechanisms have evolved over time reflects the states' increasing expertise in devising strategies to address the needs of their localities and specific target groups within those localities.

As an example, at the program's outset, one state, believing that the funds should benefit everyone in the state, distributed HRY money to each of the state's nearly 160 counties, resulting in a county allocation of around $1,500. While this procedure had the positive effect of making the state's commitment to prevention widely known, the amount of funds to any particular location was so small as to have very limited impact in reducing substance use and abuse. Over time, this state has begun to concentrate funds through award of larger, multiyear grants, including some demonstration projects to test innovative strategies for addressing particular problems.

Overall, seven of the 10 states we visited have come to recognize that the complexity of the problems addressed dictates more concentrated funding if measurable outcomes are to occur. Thus, four states place no limit on the number of years an individual project can receive funding.[1] For example, one state awards grants ranging in size from $50,000 to $200,000, with no limit on length of grant so long as the project is making measurable progress. Another state

[1]Four other states impose a three- to five-year limit on HRY grants; one limits grants to one year and another to two years.

places no specific time limits on years of funding but does place a cap of $125,000 per year on individual grants.

While some states have decided that they must give some money to all parts of the state, others believe that targeting of larger amounts of funds--to achieve a "critical mass" of resources--is more likely to yield positive outcomes. Three states, however, have in a sense bypassed the issue by distributing funds to regional entities that then make funding decisions, on the theory that such entities, closer to the local level, have a better sense of needs.

Two of the states we visited whose share of Governors' DFSCA funds is quite small have tried to maximize the impact of those funds in interesting ways. One encourages formal and informal collaborative arrangements across funded projects in a given locality such that duplication of services is avoided through referral of individuals to the appropriate project. Thus, although the amount of funding each project receives is small (under $20,000), collaboration expands the total impact of these funds. This state also "leverages" local and other resources by requiring inkind contributions or matching funds. Another state has used the bulk of resources to develop and test a community team model that will be suitable for replication in communities throughout the state for a small amount of additional resources. The state implementing the latter strategy has encountered some difficulties, however, in that resources allocated for replication sites have been insufficient to ensure implementation of the model as originally intended.

In most of the states we visited, the Governors' local projects are providing services for high-risk youth that are properly located in the community rather than in the schools. While most of the states stress coordination and collaboration between community-based providers and

local schools, it would be difficult for schools to deliver all of the services provided with HRY funds for several reasons. First, targeted groups may be alienated from, or for other reasons unavailable to, schools. Such is the case with projects that target dropouts. On the other hand, the projects that serve adjudicated youth work closely with the schools to make attendance a condition of project participation. These projects are also implementing parent groups on weekends, extensive involvement with other community resources such as mental health, and other activities that would seem more easily implemented in the community.

In other instances, the services needed are not easily implemented in a school structure. For example, projects that provide prevention services in the context of temporary shelter or longer term residential services to youth experiencing neglect or abuse in their homes require staff and other resources that may not be readily available through schools or districts. Some such projects we visited have to make arrangements to obtain foster care status for youth they serve, which involves fairly intensive coordination with other community resources as well.

Analogous to the need for "critical mass" funding is the perception in some of the states we visited that achievement of measurable outcomes is a lengthy undertaking: for projects targeting individuals, the effort is likely to take several years, and for those targeting community mores, it is likely to take much longer. For this reason, some states have elected to implement a policy of multiyear funding for projects that can demonstrate acceptable progress toward goals. In one state, for example, an interagency task force makes initial grant awards to projects. If performance warrants continued funding, the task force transfers long-term administrative responsibility for the project to the most appropriate individual agency (e.g., social services, substance abuse) represented on the task force.

While most states encourage projects to obtain funding from other sources in addition to HRY support, at the same time they recognize that a "seed money" strategy may not work. That is, in many instances local service delivery projects are simply not able to generate other sources of stable funding at the end of a one- or three-year period. Hence, if the project is doing a good job in meeting its goals for individuals (or communities), funding can continue over a longer period.

The drawback of such an arrangement is that such states tie up their funds and may have insufficient resources available to meet emerging needs or new state priorities. To address this problem, at least one state we visited has implemented a local matching requirement, permitting the state to free up some funds for new projects while maintaining the stability that existing projects need to continue services.

Conversely, some states award one-year renewable grants or terminate funds at the end of a specified period (usually three years). Both state and project-level staff have acknowledged that such arrangements have typically meant reduction or elimination of services, often involving projects that are generally viewed as doing a good job. One large state, for example, has used HRY funds to provide drug prevention education and counseling in a residential program, a service viewed by project staff as an essential component of the project, given the population served. The state's mandated termination of funds at the end of three years has meant that the project will have to drop that service.

In sum, the issue appears to be whether states view the HRY funds as developmental, targeted to problems that are amenable to solution once a design is in place, or as ongoing, with a continuous "stream" of high-risk youth needing prevention and early intervention services to

facilitate their development into healthy, productive members of society. Several of the states we visited started out funding "developmental" projects (e.g., community mobilization) but have, as they gained experience with DFSCA, moved toward longer term support to address relatively intractable problems. This trend suggests that states are recognizing the need for a stable source of funds to address the needs of high-risk youth and have become convinced that the Governors' DFSCA funds are one of the few available sources of such support.

What Works in Prevention and Early Intervention for High-Risk Youth

Key findings regarding what works for high-risk youth based on our visits to 25 projects include the following:

- **Interventions need to be intensive and extensive if they are to succeed in achieving positive outcomes.** "Quick fixes" do not ameliorate the problems faced by youth or provide them with skills needed to make healthy decisions.
- **Projects that focus their services on particular target groups (e.g., pregnant or parenting teens, minority youth) seem effective in making a difference for participants.**
- **Many of the projects we visited provide "safe havens" for high-risk youth,** on the notion that getting them out of risky environments will facilitate the overall effectiveness of prevention and intervention services.
- **An emphasis on viable parental involvement appears to increase the overall effectiveness of project services,** particularly in projects for adjudicated youth and young children.
- To ensure that youth with multidimensional problems receive services they need, **projects need to develop collaborative relationships with schools and other community services.**
- **Projects for high-risk youth need to go where the youth are.**

Many of the youth targeted for services by the projects we visited in 10 states are adolescents who have experienced years of school failure, family or personal problems, and other issues that have increased their risk of substance use or abuse. Further, most are characterized by multiple risk factors (e.g., pregnancy or motherhood combined with a history of neglect or abuse, substance-abusing parents, and school dropout). Recognizing the multidimensional problems of such youth, projects have developed service designs whose intent

is to tackle the range of problems, either through direct services or through referral to appropriate community resources.

For example, The Center for Adolescent Parents (T.C.A.P.) in Tucson serves pregnant or parenting teens from age 16 to 19, who have dropped out of school and lack academic, vocational, and life skills. Youth attend the project four days a week for six hours a day; average length of stay is seven months. The project provides child care and parenting training, GED preparation and adult basic education, substance use/abuse prevention and intervention services, goal setting and life skills instruction, vocational assessment and training in home maintenance and repair, employability development, counseling, and referral to needed services (housing, food stamps, medical care). The project also pays transportation and meals for participants and their children. In a sense, the project is filling the roles of school and family for participants, attempting to provide the supports necessary for these young women to develop healthy lifestyles and decisionmaking skills that will facilitate their entry into good jobs or postsecondary training that will in turn help them become responsible for themselves and their children. As noted in the profile in Part 2, this project has experienced considerable success, in terms of participant outcomes, but the multiservice design is relatively expensive, with some participants requiring as long as one and one-half to two years of services. Further, the need is considerably greater than the project's resources; the director commented that the waiting list for the project's 20 slots has 80 or so persons on it, and the demand for services is increasing over time. The challenges faced by this and other projects serving high-risk youth are to identify the necessary long-term resources and to develop effective community linkages that will enable the

project to address the substance use/abuse issues of participants within the framework of multiple service needs.

A number of the projects we visited target particular "subgroups" of high-risk youth. T.C.A.P. is a good example of projects that target pregnant and parenting teens, as are the Women's Action Alliance in New York City, and the Healthy Infant/Capable Adolescent Project in Cheyenne. Other specific groups targeted by projects we visited include adjudicated youth, racial or ethnic minorities including Hmong youth, Native Americans, African-Americans, and Appalachian youth living in inner cities. The projects for Hmong and Native American youth have implemented culturally relevant activities as a vehicle for substance use/abuse prevention. As noted by the director of Earn Your Feather in rural North Carolina, the effectiveness of culturally relevant activities is apparent in the high level of youth participation in and community support of the project. Similarly, the Hmong Youth Pride project in St. Paul, Minnesota, has been able to attract and keep volunteers for its mentor program and has experienced considerable popularity with the youth targeted for services. The advantage of projects such as these is their ability to focus resources on identifying and responding to the specific interests and needs of high-risk youth, using those similarities as a vehicle to attack the problem of substance use and abuse.

Many of the projects we visited articulated the importance of providing a "safe haven" for high-risk youth, creating a place and an atmosphere in which youth are protected, at least temporarily, from the risks that characterize their normal surroundings. Staff of many of these projects noted that such safety substantially facilitates the overall effectiveness of prevention and intervention services. Projects whose conscious intent is to provide this type of situation for

their participants range widely in their settings and services. California's Friday Night Live projects, for example, involve establishment of youth centers where kids can "hang out" in a drug-free environment, have dances, shoot pool, and generally not have to worry about drugs, crime, and violence. Phoenix Youth at Risk takes participants out of their environment to a week's outdoor residential course, intended to begin a long-term process of inculcating responsibility and self-efficacy in youth whose lives have been characterized by personal and social dysfunction. The project follows this experience up with activities at the Phoenix center as well as with an intensive mentoring program whose intent is to provide role models and supports that will facilitate the project's substance use/abuse prevention objectives.

Other projects with similar "safe haven" features include the California Conservation Corps (CCC), which uses youth volunteers for environmental work in state and national parks, and Attention Homes, in Cheyenne, which provides residential care for troubled youth who have been neglected or abused, have run away from home, and have had alcohol or other drug-related problems. The latter project provides both short-term (up to a month) and longer-term (up to a year) residential services, along with substance abuse prevention and intervention and close coordination with the schools attended by participants. Staff at these projects cite the importance of this feature in terms of their ability to make a difference with their participants. The safe environment provides the opportunity for participants to develop the decisionmaking, peer resistance, and other skills necessary to reduce their risk of substance abuse and other dysfunctional behaviors.

Many of the projects we visited place formal emphasis on parent involvement in prevention and other services of the project. In particular, the projects for adjudicated youth,

such as the Comprehensive Awareness Program (CAP) in LaGrange, Georgia, and the Essex County Juvenile Diversion Program in Salem, Massachusetts, require parents to participate in parenting education classes, group counseling, and other activities as a condition of the youth's eligibility. Given the benefits to youth participants of these projects (successful completion means removal of their cases from court records), the requirement of parental involvement as one means of prevention and intervention provides substantial leverage. Evidence of the efficacy of this approach includes CAP's finding that participation reduced the number of assignments to the regional detention center, and relatively few participants became repeat offenders.

Other projects that require family involvement are those involving young children. Vidas de Valor in Tucson, for example, provides prevention education to preschool children living in a community characterized by substantial drug-related crime, poverty, and gang activity. This intensive project requires that parents participate in workshops and forums, along with home visits, all of which intend to develop parenting skills and reduce the incidence of substance use and abuse in the home. The effectiveness of the approach is indicated by a very high level (95 percent) of parent involvement and reported satisfaction, along with evaluation findings of positive impacts on children in areas of self-concept, communication and adaptive skills, and problem solving. In addition to this model, the projects for parenting teens, such as T.C.A.P. in Tucson and HICAP in Cheyenne, require participants to take parenting skills training and instruction on the impact of substance use on fetuses and young children. The latter project also provides prevention and intervention services, as well as parenting skills development, to teen fathers.

While many of the projects we visited are serving youth who are no longer in school, a substantial number work with youth who are still in school or whom the project staff are trying to return to school. Nearly all projects have developed formal coordination with local schools, along with other local services, in their attempts to ensure the availability of a range of services needed by high-risk youth. Some, such as the projects for adjudicated youth, require school attendance as a condition of participation. Others, like Attention Homes in Cheyenne, require attendance and acceptable performance at school as a condition of privileges for residents, such as allowance or permission to have a part-time job. In addition to the schools, most projects have established linkages with other community resources, including health and mental health services and housing, to meet needs of participants that are thought to be critical to reducing substance use/abuse problems. The lesson here is that most of these projects' participants experience multiple, interrelated service needs, and the effectiveness of substance use/abuse prevention and early intervention is largely dependent on meeting these needs. Given limitations in resources, effective community linkages to needed services are the only strategy for maximizing the likelihood that the prevention components of the projects will be effective.

Finally, projects need to go where the kids are. A good example is Boston's Streetworker project, which targets youth who are not in school and, given their personal circumstances, are not likely to seek services in the community. This project assigns staff to neighborhoods where young people spend time (street corners, arcades, playgrounds). They provide crisis intervention, identification, and referral to needed services including treatment and prevention, and alternative activities (e.g., seminars, trips). In most neighborhoods streetworkers mediate disputes among rival gangs in their attempts to reach youth. While a recent evaluation

showed mixed results, staff serving as streetworkers believe in the model, citing reduction in the number of homicides involving youth ages 11 to 21 as evidence that they are beginning to have an impact on the youth they target for services. Other locations of prevention projects supported with Governors' DFSCA funds that take services to kids include inner city Los Angeles, the site of a gang reduction/prevention project, and lower East Side Manhattan, where the Women's Alliance provides myriad services to adolescent mothers and their children.

Evaluation of HRY Projects

Key findings regarding evaluation of prevention and early intervention projects for high-risk youth include the following:

- While some projects have conducted formal evaluations, many projects encounter barriers to evaluation, such as insufficient funds, time, and expertise.
- Though many projects have not conducted formal evaluations, they often use other available data sources as proxies for evaluation.
- **Rigorous evaluations necessary to determine the effectiveness of community-based prevention programs for high-risk youth will require a substantial investment of resources and expertise.**

While most of the projects we visited were implementing thoughtful, and often innovative, program designs directed toward substance use and abuse prevention and other needs of high-risk youth, only a few were able to provide definitive evidence of their success in terms of participant outcomes. For many projects, barriers exist that prevent the conduct of formal evaluations that would yield such data. For example, some project staff, such as those from the Earn Your Feather project in North Carolina, acknowledge the importance of evaluation but lack the necessary funds to undertake a credible evaluation. Others lack the expertise needed to conduct formal evaluations. The Urban Appalachian Youth Skillstreaming Project of Ohio is attempting a rigorous outcome evaluation but has encountered challenges related to study design and methods, including time limitations of their grant period and low student motivation for participating in surveys and other data collection activities. Staff members are actively seeking better evaluation procedures, but they also recognize a need for guidance and technical assistance. Because prevention efforts of the Wind River Youth Center in Wyoming are still in

the developmental stages, project staff report that the center has several operating needs that must be met before its effectiveness can be assessed through rigorous evaluation. Conversely, the evaluation liaison of a project that is ready for evaluation, Hmong Youth Pride of Minnesota, has tried different types of participant surveys, but has thus far been dissatisfied with the information they yield.

Despite the barriers, many projects implement some form of evaluation, though formality of methods, focus of evaluations, and soundness of findings vary. Some projects hire outside evaluators to conduct periodic formal evaluations. One such project, Phoenix Youth at Risk, employs the services of an evaluation consultant each year to address implementation issues, measuring accomplishment of project objectives and satisfaction of the project's volunteer adult mentors. The consultant's evaluation report provides recommendations for changes in project activities expected to improve the quality and effectiveness of specific components.

In 1990, outside consultants also conducted an evaluation of Boston's Streetworker Program to examine personnel roles and processes. Findings indicated that staff members did not always understand their job functions or roles with respect to management, creating confusion and gaps in fulfilling job obligations. The evaluation also uncovered weaknesses and inconsistencies in documentation and reporting of cases. The consultants subsequently made recommendations for improving organizational structure and processes related to communication, training, and reporting methods.

Several projects have hired outside consultants to conduct outcome evaluations. The consultant for Phoenix Youth at Risk collects pre- and post-measures of teenage participants' school behavior, substance use, violent acts, and the like. In the most recent evaluation, most

participants showed improvement in self-esteem, resistance to peer pressure, and delinquent and violent behaviors. Vidas de Valor of Tucson has an outside evaluator who is conducting a formal evaluation of preschool participants' progress in self-concept, communication and adaptive skills, problem solving, knowledge of healthy behaviors, and identification of solutions to real-life difficulties. A similar evaluation conducted by outside consultants for the Bridge Family Center in Atlanta showed that participation in the project alleviated depression, reduced withdrawn behavior, increased levels of trust among family members, decreased aggressive and angry behaviors, and increased academic commitment and success.

Some project staffs conduct their own survey-based evaluations. Maine's Student Assistance Team unit implemented a three-year longitudinal evaluation, of which the first year has been completed. Youth Alternatives of Cheyenne, Wyoming, has surveyed 145 school personnel, social services employees, police officers, and other community representatives about the project's benefits to the community. The project also conducts satisfaction surveys of youths and parents after they complete the services; the surveys have yielded positive results. The Me Too! project of Ohio, which serves students with hearing disabilities, has conducted participant surveys that have shown positive reactions to workshops and increased knowledge about alcohol and other drugs. Children Learning About Substance Prevention (CLASP) and Youth Alternatives, both of Wyoming, also have received positive feedback on satisfaction surveys administered to children and parents.

One project has used statewide survey data to substantiate its services--a California survey showed that in Sacramento County, where all 45 high schools have Friday Night Live chapters, teen-caused driving-while-impaired deaths and injuries decreased by 23 percent from

1989 to 1990. Based on these results, state officials and project staff believe Friday Night Live and projects like it are key to reducing teens' alcohol and other drug use as well as reducing peer pressure to use these drugs.

Other projects have collected evaluation data through interviews and focus groups. For example, Vidas de Valor staff conducted parent interviews to assess parents' satisfaction with the project. Interviewed parents expressed much enthusiasm and suggested expanding the program. Bronx Betterment Stars conducted focus groups of parents and youths; participants reported that the project helped improve their attitudes toward others and decreased their high-risk behaviors.

Some projects make judgments about their effectiveness based on statistics, records, and reports. As evidence of the early impact of Boston's Streetworker Program, project staff cited the statistic that local homicides involving young people, ages 11 to 21, declined by 28 percent during the first half of 1991 in comparison to the same period in 1990. In bi-weekly reports, therapists reported that youths served by the Essex County Juvenile Diversion Program in Massachusetts responded positively to the project; specifically, the youths decreased or eliminated alcohol and other drug use and improved behavior at school and home. The project also uses the recidivism rate of its participants as a primary measure of project effectiveness; in 1992 the rate was under 10 percent. The recidivism rate for participants of Attention Homes in Wyoming has been higher than desired; consequently, project staff hope to make project modifications that will decrease it. The Comprehensive Awareness Program of LaGrange, Georgia, cites the substantial decline in use of the area's detention center for juvenile offenders

as evidence of the project's success. Similarly, Hmong Youth Pride cites the increasingly high number of valedictorians among graduating participants as a sign of its success.

Many projects make judgments about effectiveness based on project attendance rates and levels of public interest and support. For example, Vidas de Valor in Tucson consistently has a waiting list, and close to 95 percent of participants' parents attended forums and workshops in 1992, exceeding project expectations. Vidas de Valor is also gaining the attention of public officials, the local media, and the community at large. The project has a reputation in the community as an innovative and successful program and has attracted attention and applicants from areas beyond the community it serves.

Similarly, demand for enrollment in Bronx Betterment Stars has also been great, often generating a waiting list. Parent workshops, however, have experienced low attendance, pointing out a need for changes to the parent education component. Members of Maine's Student Assistance Team unit cite the number of trained school teams and the waiting list of schools wanting the training as evidence of the project's effectiveness. In Cheyenne, Wyoming, the number of youths diverted from detention through the district courts to Youth Alternatives has increased steadily -- indicating, project staff believe, a growing recognition among local officials that the project is having a positive effect on the participating youth; the number of youths grew from 167 in 1984 to 737 in 1991. Cheyenne police report that other counties have also made requests to participate in the project. Likewise, the Me Too! project has increased prevention services provided to Ohio's deaf students; 50 school systems were using the Me Too! materials in 1992. In Los Angeles, Community Youth Gang Services (CYGS) has received newspaper coverage and commendation from public officials crediting it with contributing to

considerable decline in gang homicides and youth participation in gangs. Other projects that report growth in attendance and community support as evidence of their effectiveness are Healthy Infant/Capable Adolescent Project, Hmong Youth Pride, Earn Your Feather, Drug Action, and Attention Homes.

Lacking evaluation funding and expertise, some projects make judgments about their effectiveness based on anecdotal evidence. Such evidence includes reports given by the youths in two Friday Night Live chapters located in communities with extremely high rates of crime and abuse of alcohol and other drugs. The youths contend that Friday Night Live is the one safe place they can go in their community. Similarly, staff and board members of Wind River Youth Center report that the center is greatly needed to relieve boredom among their town's youth; they report that on nights when the center is not open or sponsoring activities, the young people turn to undesirable, high-risk activities. Community representatives describe the center as providing much-needed drug-free activities for young people who have few outlets in the small, isolated community. Parents of participants in the Comprehensive Awareness Program in Georgia have reported overwhelmingly that the project has had positive effects on their children's behavior. Also, parents and youth of Urban Appalachian Youth Skillstreaming Project maintain that the project is making critical differences in the youths' lives. Likewise, Drug Action of North Carolina has received much positive feedback from parents who report that the project teaches positive values and decisionmaking skills and provides excellent role models for youth. Finally, a young participant of the Bridge Family Center in Atlanta has credited the Bridge with saving her life, and Cheyenne, Wyoming, school officials have acknowledged the Attention Homes

project for improving the grades and achievement levels of participants and for keeping students in school.

As described above, many of the projects we visited are making attempts to evaluate the processes and outcomes of their prevention efforts. Yet, it is important to recognize that evaluating the effectiveness of such projects presents a number of problems. First, many of the projects are short lived; even states that make multiyear awards typically limit funding to three years. In many communities, obtaining funds to continue services beyond this period is very problematic. For many projects, three years is not sufficient time to reach full implementation of the project, much less to complete an outcome evaluation. Another difficulty for evaluation is that the alcohol and other drug prevention services are often only one component of an array of prevention, support, and intervention services for high-risk youth. Establishing the effects of different components is a challenging undertaking, one requiring a level of funding and methodological expertise not available to many local project staff whose expertise is in service delivery rather than evaluation. Rigorous evaluations, of existing projects or in the form of demonstration programs, will likely require a commitment of support from the federal level. Absent such support, projects will probably continue to be "promising" rather than proven.

Conclusion

Our visits to 10 states and 25 projects for high-risk youth permitted us to observe a wide range of thoughtful approaches to ameliorating the substance abuse problems faced by high-risk youth in a variety of urban and rural locations around the nation. Since the legislation's enactment, state agencies responsible for administering the Governors' DFSCA program have developed considerable expertise in administering the program to increase its likelihood of having measurable effects on high-risk youth and on community capability to address the substance use and abuse problems of such youth. Nevertheless, interviews at both state and local project levels emphasize the extensiveness of unmet needs for prevention and early intervention services to such youth. The service needs of this target group differ from those of the general population; the relative severity of their problems calls for intensive counseling, respite from dysfunctional and often abusive environments, and opportunities to gain personal resources needed to function in an adult setting, for example. Prevention education curricula that work with less highly at-risk children are not likely to work with adolescents who have experienced substance use and abuse.

Responding to these needs, states are trying a variety of strategies, many of which are described in the following part of this report. While many projects and states are only beginning to conduct formal evaluations of their effectiveness, some do have evidence of their impact on high-risk youth, and others point to high demand for services and enthusiasm among participants and their families as evidence of their promise. As the Governors' DFSCA program continues to mature, continued emphasis on appropriate evaluation, followed by dissemination of proven

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project models, can be expected to assist other states and localities in efforts to improve services and outcomes for high-risk youth.

A. PROJECTS THAT TARGET HIGH-RISK YOUTH IN URBAN OR RURAL AREAS

Overview

Some of the projects we visited have used their Governor's DFSCA funds to devise strategies for reaching the full range of youth who are at risk for substance use or abuse, rather than targeting services to particular types of youth (e.g., parenting teens). Most such projects have implemented designs that reflect common perceptions about the genesis of risk factors and about strategies for addressing those factors. It is interesting, for example, that localities as widely disparate as Oakland, California; Pinedale, Wyoming; Phoenix, Arizona; and Boston, Massachusetts; have implemented projects with a common philosophy and feature: the idea that youth need "safe havens" from the pressures and enticements that may lead them into substance use or abuse. In Oakland, Friday Night Live is a peer-operated center that offers drug-free activities intended to serve as an alternative to risky inner-city environments. Similarly, Pinedale, with a population of only about 1,000, sees a youth center, staffed primarily by volunteers, as one of the few drug-free recreational options in a ranching community's culture that accepts alcohol and tobacco use as expected--and acceptable--behavior. Boston's Streetworker project sends individuals into the inner city localities where high-risk youth hang out, on the theory that to reach youth who have escaped the safety nets of school and human services, prevention must go to these localities. The project offers alternative experiences and encourages youth to return to school, enter job training, or obtain needed services. Finally,

California's Conservation Corps operates 14 centers throughout the state, many in isolated areas where participants perform conservation work while learning employability and other skills.

These projects, as well as two others that are incrementally implementing services statewide — the Massachusetts Prevention Network and Maine's community-based prevention teams — place strong emphasis on developing linkages across all components of the community toward prevention of substance use and abuse. These "broad brush" strategies operate on the notion that all community agencies (schools, law enforcement, human services, businesses, parent groups) share responsibility for improving the likelihood that high-risk youth from all backgrounds will be afforded the support they need to resist substance use and abuse, as well as myriad attendant problems.

While not all of the projects contained in this section have conducted formal evaluations of their effects, most have some evidence of success. A California study conducted in localities with strong Friday Night Live chapters found reductions in drug use and DUI deaths and injuries involving teens. Phoenix Youth at Risk reported improvements among participants in self-esteem and resistance to peer pressure, along with reduced violent/delinquent behavior and family strife. The Maine project reported evidence of changes in community mores regarding use of alcohol. Other projects (e.g., Pinedale's youth center) are still in the implementation stage or have completed only formative evaluations to date (e.g., the Prevention Network), although the results of those studies have been generally promising.

CALIFORNIA CONSERVATION CORPS

Del Norte Center, Klamath, California

Project Purpose: To provide educational and work opportunities to young people while benefitting the environment

Funding:
Governor's DFSCA: $221,000 (statewide, FY 1992), which support drug prevention and counseling components

Project Rationale

The California Conservation Corps (CCC), founded in 1977, is a statewide youth development project for men and women between the ages of 18 and 23. The mission of the CCC is to conduct useful conservation work while enhancing the educational opportunities and employability of young people enrolled in the project.

Participants, Services, and Activities

The CCC conducts a variety of projects such as emergency response and assistance (flood control, fire suppression, oil and toxic spill cleanup, earthquake and other natural disaster relief), park development, reforestation and forest improvement, conservation and preservation of recreation and historical areas, wildlife habitat improvement, and water, soil, and energy conservation. Throughout California, the CCC operates 14 centers, which, in addition to

offering conservation, education, and employment components, implement counseling and other drug prevention activities for corpsmembers.

Most projects are conducted for sponsoring agencies such as U.S. Forest Service, National Park Service, state and regional parks, and state agencies such as Department of Fish and Game and the Department of Forestry. The sponsoring agencies design the projects and provide materials, supplies, and technical supervision when needed.

Corpsmember Characteristics and Experiences

Since the CCC's inception, over 50,000 young people have served as corpsmembers statewide; the project hired 3,700 people to serve in fiscal 1989-90. Most of the young adults enrolled in the CCC would be considered high-risk youths according to the federal guidelines; 49 percent of the corpsmembers statewide have never completed high school, and many have a history of alcohol or other drug abuse, come from dysfunctional families, or have suffered child abuse. The table below depicts other characteristics of CCC youths (in fiscal 1989-90).

Ethnicity	Percent	Sex	Percent	Education	Percent	Age at Entry	Percent
White	58%	Male	80%	8th grade or less	2%	18 to 20	70%
Black	20%	Female	20%	9th-11th grade	47%	21 to 23	30%
Hispanic	15%			High school/GED	51%		
Asian/Pacific Islander	4%						
American Indian	2%						
Other	1%						
Total	100%	Total	100%	Total	100%	Total	100%

Although many corpsmembers come from disadvantaged backgrounds, the CCC recruitment procedures do not target these high-risk youths exclusively. The CCC tries to recruit a diverse group of people who can teach and learn from one another. The staff at the CCC believe broader recruitment also avoids the stigma often associated with programs for disadvantaged persons. The project recruits through the state employment agencies, through publicity in the media and the schools, and by word of mouth.

Youths enroll in the CCC as regular corpsmembers for one year, but they may stay another year if they are promoted to the position of crew leader or specialist. After passing a physical examination, all new members are required to attend a three-week training program. At that time, they are issued uniforms, boots, and equipment (the cost of which is deducted from their paychecks). To screen for previous violent offenders, the recruits are fingerprinted.

After training, corpsmembers are assigned to a crew, which typically consists of an adult supervisor, a crew leader, and 10 to 15 members. Corpsmembers wake up at 5:30 a.m. for physical training; work an eight-hour day, five days a week, for minimum wage; and are required to conform to rigid disciplinary codes (no swearing, fighting, drinking, etc.).

CCC Development Program

The CCC has established a comprehensive development program for its members that includes the components described below.

The CCC encourages members to develop positive work habits by emphasizing the importance of "putting in a good day's worth of quality work." Corpsmembers must report to

work on time each morning or risk losing an entire day's work and pay. Discipline at the work sites is strictly enforced, and insubordination is justification for termination.

Within five months of joining the CCC, members are required to attend a 12-hour career development class in which they learn about résumé preparation, interviewing skills, and the educational requirements associated with various occupations. In addition to work behaviors and career awareness, the CCC's work experiences provide corpsmembers the opportunity to acquire skills in operating various hand tools, working together as a team, and following instructions. They also gain experience in fundamental construction and forestry skills. These skills help the members qualify for jobs such as construction or landscaping laborer, carpenter's helper, forest firefighter, and outdoor laborer.

Corpsmembers who lack a high school diploma or GED are required to attend classes at least once a week. Members who read below the sixth grade level--even if they have a high school diploma or GED — are required to attend remedial reading classes. Members with limited English-speaking ability are required to attend English as a Second Language class.

In addition to basic academic skills, the CCC emphasizes environmental awareness, which is taught primarily on the job. In addition, one night a week corpsmembers attend a class on environmental issues, which often features speakers from natural resource agencies.

To promote personal growth, members are required to attend physical training each morning and are given monthly physical fitness tests. All members are required to keep a journal, which is reviewed periodically by work supervisors. The CCC staff believe that the journal not only enhances writing and language skills but encourages self-reflection.

Drug and Alcohol Use Within the CCC

According to a 1991 survey of CCC members throughout the state, 25 percent reported using alcohol regularly, and the same proportion reported using marijuana regularly. These figures are confirmed by on-site counseling center staff, who report that 24 percent of the members they have seen were diagnosed as having alcohol or other drug problems.

The CCC has taken several steps to alleviate these problems: (1) establishing drug prevention counseling centers at each site (see Funding section), (2) implementing an alcohol and drug use policy and program for CCC members and a staff alcohol and drug use policy, (3) providing training to staff and corpsmembers regarding alcohol and other drugs, and (4) appointing a coordinator to deal with alcohol and other drug problems at each center.

Del Norte's CCC Center

The CCC's Del Norte Center in rural Humboldt County, a residential center in the Redwood Forest National Park, overlooks the scenic northern California coastline. Fishing and logging are the main industries in Humboldt County (population 27,025). The racial distribution in the county is 85 percent white and 1 percent black, with the remainder evenly divided among Hispanic, American Indian, Asian, and others. The center is a former air force base that offers barracks-style living quarters, a cafeteria, a weight room, and a community center where classes are held. The local community college, College of the Redwoods, helps provide training for the center's 123 corpsmembers and also offers them the opportunity to earn college credits.

Interviews with staff and corpsmembers indicate that the Del Norte Center helps youths to mature and to develop job skills. Both staff and CCC members, however, express concern

about the high incidence of alcohol and drug use among corpsmembers. Use of alcohol and other drugs in the county is fairly widespread, and the county is one of the leading producers of marijuana in the nation. Although many youths join the CCC to get away from drugs and alcohol, corpsmembers report in interviews that alcohol and other drugs are easily acquired and that 75 to 80 percent of the corpsmembers at the Del Norte Center regularly use alcohol, other drugs, or both. The intensive prevention and intervention activities undertaken with DFSCA funds are intended to deal with this serious problem.

According to the director, the center plans to develop more health and recreational programs for the corpsmembers and would like to integrate an alcohol and drug treatment program into the CCC's back country trails program, which sends groups of young men and women into California's wilderness areas to perform physically demanding work, such as equestrian and hiking trail restoration. The young people live in the wilderness for five months without any of the modern conveniences that are often taken for granted, and through challenging work experiences, build self-esteem, learn to solve problems, and learn to work together as a team. The director believes that this program would help youths dry out, while keeping them actively involved in projects.

Funding and Staffing

The CCC has 420 budgeted staff positions statewide. The Del Norte Center has 21; they include a director and other administrative staff, a counseling program coordinator and counseling center staff, and group leaders who supervise the corpsmembers' activities.

The CCC obtained funding under a three-year DFSCA grant which began in 1989; in fiscal 1991-92 the project received $221,000 to divide among its 14 centers. This money has been used to provide on-site counseling to corpsmembers for alcohol, drug, and related personal problems. According to project staff, the funds are also used to enhance "resiliency factors" that decrease the chances people will experience problems related to chemical dependency. The prevention program, designed to develop resiliency factors, has multiple components, which include the following:

- **Personal Competencies:** One component of the prevention program focuses on enhancing decisionmaking and problem-solving skills, as well as the ability to manage anxiety and stress. These competencies can be developed through classroom or curriculum activities, working/learning activities at the work project site, the development of academic skills, journal writing, and crew affiliation.

- **Social Competencies:** Referred to as "life skills," social competencies are the skills necessary to live within the established social norms, and the ability to recognize and seize opportunities. The "life skill" emphasized in the program is "social assertiveness." Social competencies are enhanced with the assistance of peer leaders, counselors, adult and peer role models, support groups and services, and an advisory board composed of corpsmembers.

- **Information:** Through the orientation process and other prevention activities, corpsmembers receive information about the effects and consequences of using alcohol, tobacco, and other drugs; the process of addiction; codependency; family aspects of addiction; the "enabling" process; and signs and symptoms of alcohol and other drug use.

- **Training:** Corpsmembers receive training in peer leadership skills, ways to get help for themselves and their peers, and ways to help peers within the work and community settings. Peer leadership activities help to promote self-esteem and peer bonding.

- **Alternatives to Using Alcohol and Other Drugs:** Recreational activities provide drug-free opportunities to have fun and relieve stress. The prevention program incorporates a clear no-use message into the recreational and leisure activities. Support groups add a positive drug-free climate.

- **Policy:** The CCC provides clear policies and guidelines to management, staff, and members for prevention, intervention, and referral procedures.

- **Social Policy:** The CCC provides clear rules, norms, standards, and expectations concerning alcohol and other drug use and enforces those rules.

In addition to the DFSCA grant, the project receives funds from other sources, including the state of California.[1] Although the three-year grant (1989-1992) received through the DFSCA Governor's funds, which has been the major source of funding for the counseling center at Del Norte, has ended, the project hopes to continue receiving funds from the state of California, depending upon state budget constraints, to maintain the drug education and prevention activities.

Evidence of Effectiveness

A 1986 study conducted to track corpsmembers for one year after they left the CCC's Del Norte Center showed that CCC graduates received higher overall wages than other persons in the same jobs. The center plans to conduct similar studies in the future.

Del Norte Center's staff members report that the on-site counselors help corpsmembers work out the underlying problems associated with their alcohol and drug problems. The director believes that helping members recover from alcohol- or other drug-related problems is more efficient and economical than terminating the members' participation in the CCC, and the state ends up with better employees.

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[1]Activities supported with DFSCA funds have been limited to prevention counseling and other activities allowable under the DFSCA.

According to staff, if the CCC is to have a positive influence on young people, the use of alcohol and other drugs within the centers must be eliminated; they believe the educational programs and counseling centers are an important beginning. With the termination of DFSCA funds, other funding must be secured to prevent the elimination of counseling and drug education programs. According to staff and corpsmembers, the loss of these components would have a significant negative impact on the CCC's effectiveness as an alternative youth organization.

Summary

The CCC is a statewide project designed to provide work and educational opportunities to young people through involvement in conservation work in California. A diverse group of participants, including high-risk youth, spend one to two years in the CCC. Through its comprehensive development program, the CCC promotes work ethics, literacy development, basic and continuing education, career and job-specific skill development, environmental understanding and appreciation, personal growth, citizenship, and community activism.

The CCC operates counseling centers at each of its sites to address alcohol and other drug problems among corpsmembers. DFSCA Governor's funds support the CCC's counseling services and other drug prevention programs, which are designed to develop personal and social competencies, provide information about alcohol and other drugs, provide peer leadership training, teach and provide alternatives to using alcohol and other drugs, and prescribe administrative and social policies.

A three-year DFSCA grant financed the counseling center at the Del Norte site, which we visited. Staff fear, however, that termination of the grant may force discontinuation of the center's counseling and prevention programs unless other funding sources are secured.

PHOENIX YOUTH AT RISK

Phoenix, Arizona

Project Purpose: To promote resiliency and protective factors among high-risk youth, create community investment in youth problem solving, institute a reduction in prevalent youth problems, and implement prevention/intervention programming that includes community linkages and referrals

Funding:
Governor's DFSCA: $210,000

Project Rationale

Operated by the Greater Phoenix Youth at Risk Foundation, the Phoenix Youth at Risk (PYAR) project has implemented a prevention/early intervention design that combines an intensive, residential outdoor experience with a mentoring component (called Committed Partners) that enlists volunteers from the community to work regularly with participants over a six- to 12-month period. The mentoring component requires that volunteers, following training, spend substantial amounts of time working with their youth partners, including at least three contacts a week and participation in the workshops and other activities that follow up on the activities of the outdoor course. A specific focus of these activities is prevention of alcohol and other drug use, with mentors supporting and reinforcing nonuse behaviors. The project targets youth between the ages of 15 and 20 years; according to the project's director, virtually all youth in this age range are at risk of at least one of the following: substance abuse, gang involvement,

criminal activity, truancy and dropping out, pregnancy, and suicide. PYAR generally targets youth characterized by multiple risk factors.

The project's primary objectives for youth are (1) to reduce significantly the instances of gang involvement, substance abuse, pregnancy, unemployment, school drop out, and suicide among the city's high-risk youth; and (2) to create opportunities for youth to improve their long-term potential through development of personal resources (e.g., communication skills, conflict resolution). The project emphasizes developing broad-based community capability as well as focusing on the needs of high-risk youth. To achieve its broad goal of community empowerment, the project bases its services and activities on the following principles:

- Possibility (accepting the notion that the future is to be invented and created, and is not inevitable based on the past);
- Commitment (giving and keeping one's word);
- Responsibility (living by choice, being located at cause rather than at effect); and
- Support (learning and practicing both giving and receiving support).

Participants, Services, and Activities

Since its inception, PYAR has served nearly 200 high-risk youth in the Phoenix area. While some participants are remanded by the courts, all must volunteer to participate in the outdoor residential course and the follow-up workshop program. Overall, most youth served by the project are Hispanic (40 percent), about one-third are white (30 percent), and about one-fifth, black (18 percent). The remainder (12 percent) are Native American (the proportion of which has increased over time because the project received funding from the Threshold Foundation to

target services to this group). Risk factors associated with a representative group of participants (those who participated in the outdoor course in February 1991) include the following:

- Prior alcohol or drug use: 83 percent
- Thoughts of suicide: 36 percent
- Trouble with the law: 62 percent
- Family dysfunction: 71 percent

Overall, the PYAR project's focus is to create an environment of physical and emotional safety comprising well-defined guidelines and supports that will enable at-risk youth to develop the capability to take responsibility for themselves. Reflecting this intent, the project has three main components. The first is an outdoor residential course, including trust-building activities, seminars in substance use resistance skills, a ropes course, sessions in coping skills and other personal and social interactions, a sweat lodge and talking circle adapted from ritual practices of southwest Native Americans, and preparation for the subsequent workshop component of the project. Seminars and skill-building sessions focus on reducing or preventing substance use, and the project's subsequent mentoring and workshop components reinforce these skills.

Initially, PYAR contracted with the Breakthrough Foundation from San Francisco to conduct the outdoor course. During the first several courses, PYAR staff developed expertise with the course, and Breakthrough's involvement has diminished. Additionally, PYAR staff have modified the course somewhat to improve its "fit" their target population, as well as to contain costs. Currently, PYAR contracts with Breakthrough for assistance with the course, but PYAR staff do most of the planning and scheduling and some of the activities themselves.

Committed partners attend the final two days of the course to meet and develop plans for working with their youth partners over the next six months.

The second major component, the followup workshops, has also evolved over the life of PYAR. The original Breakthrough design involves a full eight-hour day on one Saturday a month, for reinforcement of the skills and behaviors taught in the outdoor course. PYAR staff found that after about three hours, the youth would be "off the wall." Over time, therefore, the project has implemented a design that involves a declining level of involvement over time, to "wean" participants from the project's supports into the community. At first this component lasted for 12 months, but recently has been reduced to six. Over the six-month period, participants attend workshops once a week for three hours, then once every two weeks, and finally once a month. Activities include guest speakers, group sessions on topics like substance use and avoidance skills, conflict resolution, and the like, and inspirational meetings whose intent is to maintain a high level of enthusiasm for learning and implementing new skills. Youth attend these sessions with their committed partners.

The third key component of the project's design is the committed partners. Drawn from the community and identified through various outreach activities, adults who become committed partners must agree to receive training in the project's objectives and activities (in particular the outdoor course), be in personal contact with the youth partner at least once a week and by phone twice a week, and attend the workshops with the youth. According to the project's director, this aspect of the project is critical. Most youth participants have experienced repeated disappointments in their relationships with adults, and they do not trust adults to follow through on promises. Consequently, many youth start the relationship by challenging the adult--trying to

get the adult to give up on them, to reinforce the lack of trust they have developed over time. Thus, the most important aspect of agreeing to be a committed partner is not to quit; it is not critical that the youth like the adult but it is critical that the adult follow through on the contacts and demonstrate his or her support--defined in this context as reminding the youth of his commitment to follow through on developing responsibility, keeping promises, and learning to take control of himself and his life. This learning process begins in the outdoor course, but will only "take" if reinforced when the youth returns to his/her regular environment.

Over the project's first three years, more than 300 individuals have taken the training and served as committed partners, along with contributing time to other project activities, including assistance in project operations. The largest proportion of volunteers are between 26 and 35 (40 percent), white (74 percent), and female (56 percent). In the past year, several of the youth who participated in PYAR during its first year have become committed partners as well.

Funding and Staffing

In addition to Governors' DFSCA funding of $210,000 per year for a three-year period (ending in 1992-93), PYAR has support from Threshold Foundation and from extensive fund-raising efforts undertaken by staff and volunteers. For example, the Executive Director, accompanied by his guide dog, makes an annual 120-mile fund-raising walk between Tucson and Phoenix, and local corporations and civic groups have provided funds and other support to the project. The main funding source, however, has been the DFSCA grant.[2]

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[2]Activities supported with DFSCA funds have been limited to prevention and other activities allowable under the DFSCA.

In addition to a large number of volunteers--who serve as committed partners, donate accounting services or time to assist with planning and delivery of the outdoor course, and otherwise assist in the project's operations, PYAR employs a full-time executive director and five staff members. Staff roles include a volunteer coordinator, case manager, operations manager, program coordinator, and secretary/bookkeeper. In addition to administrative and other responsibilities, all staff volunteer as committed partners, thus taking part in all aspects of the project through their formal and volunteer activities.

Evidence of Effectiveness

PYAR employs the services of a consultant to conduct a comprehensive evaluation each year. The evaluation addresses implementation issues, measuring accomplishment of project objectives. In addition, the evaluation collects pre-post measures of participants' behavior (school, use of substances, violence, and the like) and conducts a satisfaction survey of volunteers. The evaluation's report provides recommendations for changes in project activities that can be expected to improve the quality and effectiveness of several components, based on the finding that participants did not improve on some measures (e.g., plans to use alcohol). However, most groups of participants have shown improvement in self-esteem, resistance to peer pressure, and delinquent/violent behavior. Examples of the latter dimension include a reduction from 33 to 22 percent of youth indicating that they had shoplifted, from 21 to 9 percent reporting that they had damaged school property, and from 42 to 22 percent indicating that they had gotten into trouble with the police.

The survey of volunteers, administered to obtain perceptions on the effects of the outdoor course experience on the volunteers, typically shows highly positive results. For example, 68 percent of the volunteers involved in the February 1992 outdoor course rated the experience overall as very good (the highest ranking allowed). They also rated the level of teamwork similarly (80 percent). Lower scores on management of volunteers' time and utilization of skills resulted in recommendations to improve training and support provided to volunteers.

Summary

Phoenix Youth at Risk has implemented a multicomponent project whose intent is to assist highly at-risk adolescents in developing skills to succeed in their environment. Using a residential outdoor experience that aims to teach coping, substance use resistance, assertiveness, responsibility, and other skills, combined with extended follow-up activities and an intensive mentoring program, the project provides a safe, supportive environment in which youth can develop and test more productive ways of dealing with themselves, peers, families, and other adults. The annual project evaluation reports consistent improvement among participants in self-esteem, interactions with family members, and reduction in violent/delinquent behaviors. Asked to make a substantial commitment of time to the program, volunteers report high levels of satisfaction and personal development as a result of their involvement.

FRIDAY NIGHT LIVE

California

Project Purpose: To prevent alcohol and other drug use among teenagers through youth-operated alternative activities

Funding:
Governor's DFSCA: $3,000 to $15,000 per local project

Project Rationale

Friday Night Live (FNL) is a student-operated peer project that targets high school-age youth (ages 14 to 18) throughout California. The project grew out of concern about the large number of deaths and injuries among teenagers as a result of driving under the influence (DUI) of alcohol or other drugs. In accordance with the state's priority for prevention and education, the California Department of Alcohol and Drug Programs, which administers DFSCA Governor's funds, designed FNL after reviewing DUI prevention efforts elsewhere in the country. Project developers also applied research regarding adolescent drug prevention programs, which showed that peer programs are substantially more effective than other programs at reducing drug use among average adolescents and that, for high-risk youth, alternative programs help change behavior directly related to drug use and help improve correlates of drug use (i.e., grades and school attendance).

Participants, Services, and Activities

As originally implemented in 1984, the project featured clubs, music, movie nights, and community events for teens, and alcohol- and other drug-related education for parents. In 1986 the project broadened its perspective and goals from reducing the incidents of alcohol- or other drug-related driving accidents and deaths to reducing alcohol- and other drug-related problems in general. It then added the California Club Live (CL) project as its middle or junior high school component of FNL.

Most of California's 58 counties have FNL projects, which are individually designed to address each community's specific needs. Special emphasis is given to high-risk youth and youth of color. All county projects offer the following five core components.

Chapters. Friday Night Live chapters are campus clubs organized and run by high school students, along with adult advisers. Chapter members encourage their peers to live alcohol- and drug-free lives by organizing alternative activities, presentations, and leadership training. The message communicated through the programs and activities is, "You can have fun without using alcohol and other drugs." The three main goals of each chapter as stated in the FNL state constitution are (1) to provide positive alternative activities, (2) to promote sober and drug-free lifestyles, and (3) to provide campus and community service. Programs and activities are available for youths every Friday night (as well as occasional other nights). In addition, chapters hold at least two meetings per month to plan drug- and alcohol-free activities and events.

Alternative Activities. The youths are responsible for planning and implementing alcohol- and drug-free activities for other peers. Activities may include dances, party nights, carnivals, movie nights, parades, rallies, and graduation celebrations.

Community Action. FNL holds community events and campaigns to promote community awareness and involvement. FNL encourages businesses to get involved in this drug-free message by asking them to donate goods and services for events and to offer discounts to FNL members who present their FNL identification cards. FNL also works with local fraternal and civic organizations, radio and television stations, churches, and parent groups to increase awareness of the importance of reducing the use of alcohol and other drugs. FNL chapters distribute alcohol and other drug prevention literature at shopping centers and malls.

School Assembly Presentations. High school students and local law enforcement officers discuss alcohol and drug problems.

Leadership Training and Conferences. Student-organized leadership conferences and training meetings are offered throughout the year to help motivate FNL chapters by sharing ideas and experiences.

Alameda County Projects

Although Friday Night Live is primarily a school-based project, currently reaching more than 1 million students in approximately 850 high schools, a number of the local projects reach out-of-school youths and efforts are being made to develop new community-based FNL and CL projects in high-risk areas. Our research team visited two such community-based projects, both

located in Alameda County. The chapters serve high-risk youths in communities where crime rates and incidences of drug and alcohol abuse are extremely high.

Alameda County, a fairly affluent area with a mean household income of $45,995, ranges from large urban areas to rural farms and wineries; from views of the bay to picturesque mountains. The population of Alameda County is 1,313,300, and the ethnic breakdown is 53 percent white, 17 percent black, 14 percent Hispanic, and 0.5 percent American Indian.

Centro de Juventud Community Center. The Centro de Juventud Community Center, operated by the Narcotics Education League, Inc., is located in an Hispanic neighborhood within Oakland that local FNL staff refer to as "crack row." The neighborhood has a high rate of violent crime, gang activity, and drug abuse. The FNL project works to provide a safe place for youths in the community to go after school and on weekends. The center has a gym for sports events, a room with approximately 20 arcade-style video games (young people can use games at no charge), a kitchen, and several meeting rooms. The FNL chapter is structured to meet the needs of the youths in the community. The project provides in-depth education to prevent the use of alcohol and other drugs, including discussions on violence, child abuse, and conflict resolution skills using arts, crafts, and drama. Various cultural activities are sponsored to encourage the youths to maintain some of their native customs that preclude alcohol and other drug use. One such activity, "Dia de los Muertos," begins with a community candlelight procession to mourn the death of family and friends and is followed by an altar ceremony and Aztec dancers, then ends with a children's carnival in the community center's gym.

Berkeley Recreation Center. The second FNL site we visited is located in Berkeley, home to the University of California. The FNL project is sponsored by the Berkeley Recreation

Center, located in an economically disadvantaged part of town, with a large minority population. The FNL chapter sponsors various drug-free activities for the young people after school and on weekends; at the center--a haven from the drug use and violence in the streets--the youth can play in the gym, participate in supervised drug-free activities, and receive help with homework.

Funding and Staffing

Local Friday Night Live and Club Live projects receive between $3,000 and $15,000 in DFSCA Governor's funds as well as financial support from state and local levels.[3] The state Department of Alcohol and Drug Programs, which founded FNL and CL, provides technical support for the projects' county coordinators, as well as seed money, promotional items, coordinator conferences, and educational materials. The FNL county coordinators work with FNL and CL local chapters, train FNL and CL chapter advisers, organize conferences, sponsor countywide events and activities, conduct presentations for faculty and the community, seek support from local businesses, and host assemblies and rallies. FNL and CL chapter advisers provide guidance to individual chapters. Chapters receive small amounts of Governor's DFSCA money, which they use to help with start-up costs. Through the technical assistance provided at the state level, chapters are encouraged to develop their own funding sources for continued activities.

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[3]Activities supported with DFSCA funds are limited to prevention and other activities allowable under the DFSCA.

Evidence of Effectiveness

A 1989 study of California students showed that drug use had decreased by as much as 9 percent, and a 1990 study showed a 12 percent reduction in DUI deaths and injuries involving teens, despite California's growing teenage population. The 1990 study showed that in Sacramento County, where all 45 high schools have FNL chapters, teen-caused DUI deaths and injuries decreased by 23 percent. Based on these results, state officials believe FNL and projects like it are key to reducing peer pressure to use alcohol and other drugs.

According to the local project staff we interviewed, the fact that FNL is run by the youths themselves is largely responsible for its success. The young people plan and organize the activities, solicit funding and community involvement, and serve as role models for their peers. The youths also have a sense of belonging to a group with common values and goals. Staff believe youth involvement in a positive group such as FNL is vital to alcohol and other drug prevention to offset the many negative influences working against them. The youths in the two FNL chapters we visited, which are located in communities with extremely high rates of crime and abuse of alcohol and other drugs, reported that FNL is "the only place we can go in the community that feels safe."

Summary

Developed in 1984, Friday Night Live (FNL) is a peer project designed to prevent alcohol and other drug use among California's high school-age youth. In 1986 FNL formed the Club Live (CL) project as its middle or junior high school component. Most of California's counties have FNL projects, which are tailored to communities' needs and are operated by the

teenage members. Each project has the following components: chapters, alternative activities, community action, school assembly presentations, and leadership training and conferences. The two local projects we visited offer safe havens for young people in communities filled with crime and drug use. Studies have shown that alcohol and other drug use and alcohol- and drug-related deaths and injuries resulting from auto accidents have decreased among California's teens, a trend state officials attribute to FNL and similar programs.

WIND RIVER YOUTH CENTER

Pinedale, Wyoming

Project Purpose: To prevent alcohol and drug use through alternative activities

Funding:
Governor's DFSCA: $13,450

Project Rationale

Pinedale, a ranching town of 1,181, has 30 bars and a significant drug and alcohol problem. According to the town's DARE officer, many townspeople readily accept drinking and smoking as part of the ranching community's culture. Young people can easily obtain alcohol, cigarettes, and chewing tobacco, but are often frustrated by the lack of other options for leisure enjoyment. Thus, a group of concerned parents volunteered their services and organized the Wind River Youth Center in an effort to reduce the community's alcohol and other drug problems by engaging young people in healthy alternative activities. The center gives high-risk, rural youth a place to meet with their friends in an alcohol- and drug-free environment, enables them to participate in alcohol- and drug-free events on Friday and Saturday nights, and sponsors substance-use prevention activities.

Participants, Services, and Activities

The center has typically served young people in grades 6 through 12, but is expanding its services to grades 4 and 5. In addition to serving as a place for young people to gather

informally in a setting that is free from alcohol and other drug use, the center sponsors organized activities such as DARE drug-prevention carnivals, white-water rafting adventures, ski trips, dances, and presentations designed to prevent alcohol and other drug use among young people. It also cosponsors recreational and drug prevention activities with the local school system.

When the center opened in 1989, it was housed in the high school's student lounge; later it moved to a small building in the middle of town. To expand the project, the staff are purchasing land for constructing a larger facility. In the center's new home, youth will be able to bowl; play video games, checkers, and pool; and watch movies. Other expansion plans include providing drug prevention training, developing a teen pregnancy program, establishing a teen hotline, organizing a tutoring project, and conducting a recycling project for the town.

Funding and Staffing

The center receives $13,450 of its total budget ($23,750) from DFSCA Governor's funds, which pay for a part-time director and drug prevention speakers, materials, and activities.[4] The center's other funding sources include student fund-raising events, corporate and municipal contributors, and the county recreation board. It also receives donations of equipment and materials from local organizations and business people.

In addition to a director, the project is staffed by several volunteers from the community. The center's direction is determined by its Advisory Board, which consists of seven members: the high school counselor, Pinedale's DARE officer, a physician, a representative from the

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[4]Activities supported with DFSCA funds are limited to prevention and other activities allowable under the DFSCA.

business community, a pharmacist, the project director, and a parent. The center also has a student committee that works closely with the project director and the Advisory Board.

Evidence of Effectiveness

The center is still in the developmental stages and, according to project staff, has several needs that must be met before its effectiveness can be assessed. Needs include (1) more transportation to events; (2) additional materials and other resources; (3) increased parental involvement; (4) greater motivation among the youth; and (5) expanded operating times, especially during the summer months.

According to the center's director, project staff are dedicated to making the youth center a success, despite obstacles involved in establishing and expanding the center and limited operating funds. Staff and board members believe the center is greatly needed to relieve boredom among the town's youth. They report that on nights when the center is not open or sponsoring activities, the young people turn to undesirable and risky activities. Staff and board members are confident, however, that with expanded services, the center has much potential for alleviating alcohol and other drug problems among Pinedale's young people.

The center has received endorsements from the town's sheriff, the school superintendent, and a community counselor. These persons describe the center as providing much needed alternative activities in a drug-free environment for young people who have few outlets in the small, isolated community.

Summary

Alcohol and other drugs are central to the culture of the small town of Pinedale, Wyoming. Parents, concerned about young people's lack of healthy leisure alternatives in the community, established the Wind River Youth Center in 1989. The center, which is still in the developmental stages, presently sponsors alcohol- and drug-free recreational activities and presentations. Staff and community members hope to enhance the project's effectiveness by addressing its deficits and expanding its services. In particular, they plan to increase efforts to address problems associated with alcohol and drug use, teen pregnancy, and poor academic performance.

THE PSYCHOLOGICAL CENTER'S PREVENTION NETWORK

Lawrence, Massachusetts

Project Purpose: To prevent and reduce alcohol- and other drug-related problems, to prevent and reduce the spread of HIV/AIDS, and to promote physical, emotional, and social health and well-being through consulting, technical assistance, education, library services, and public information programs

Funding:
Governor's DFSCA: $25,000

Project Rationale

For purposes of prevention and treatment of alcohol and other drug use, Massachusetts is divided into eight regions, each with its own Regional Drug and Alcohol Prevention Center. The eight centers, established by the state Department of Public Health, receive federal, state, and private funding and act as community resource agencies. The Psychological Center's Prevention Network in Lawrence, Massachusetts, established in 1985, is one of the regional centers. As such, it addresses the state's priorities to serve high-risk youth and to leverage cooperation among community-based agencies, local law enforcement, and school administration. It offers many services to the citizens of Lawrence and 22 surrounding towns in an effort to prevent and reduce alcohol- and other drug-related problems, prevent and reduce the spread of HIV/AIDS, and promote physical, emotional, and social well-being.

Lawrence is a mill town of 61,000 with a 60 percent Hispanic population, most of whom are immigrants from Puerto Rico and the Dominican Republic. The illiteracy rate among

immigrants who arrived eight to nine years ago is high; some of the more recent immigrants have been professionals. The school dropout rate is 40 percent and the pregnancy rate is one of the highest in the state, prompting school officials to establish health clinics in the high schools. Other towns in the region that have similar needs for drug and alcohol prevention services are Lowell and Haverhill.

Participants, Services, and Activities

The Prevention Network is housed in the private, nonprofit Psychological Center, which also offers outpatient therapy (individual, family, and group) and psychological testing, plus residential treatment in four towns. The Prevention Network is open to school administrators, educators, and students; religious and community groups; parents; health and human service providers; law enforcement personnel; peer leadership groups; business and industry personnel; elderly groups; and members of the media. The project provides consultation, professional assistance, and training, in English and Spanish, to communities, schools, parent groups, and peer leaders to help them establish drug prevention programs, curricula, policies, and peer leadership programs. The project offers special outreach to help members of the Hispanic community obtain drug prevention, education, treatment, and support services. In schools and at community events such as health fairs and conferences, the project also sponsors public information and awareness programs on alcohol and drug use, health, and education.

The project houses an extensive multimedia resource and lending library, with materials in English and Spanish. Recently the library obtained a fully integrated, on-line catalog and circulation system. Many of the library's materials are available for loan to the public and to

community agencies. As the site of the Regional Alcohol and Drug Awareness Resource (RADAR) Network for Massachusetts, the project also acts as a clearinghouse for information on alcohol, other drugs, and HIV/AIDS from the National Clearinghouse for Alcohol and Drug Information (NCADI) and AIDS clearinghouse.

The project has facilitated training-of-trainer workshops for teachers who conduct substance abuse education for parents and teachers, and it has helped teachers and students set up student assistance programs. In fiscal 1992 project staff trained 40 National Guardsmen to work with teens to prevent the use of alcohol and other drugs. The project has also provided support and technical assistance to peer leaders who conduct drug awareness education for younger children in their schools.

Funding and Staffing

The Prevention Network is staffed by an executive director; a director of training and program development, who trains peer leaders and helps the schools and other organizations implement peer leadership projects; a prevention specialist, who provides technical assistance and other support for community and school prevention groups; plus an administrative assistant, a media specialist, and other support staff. According to project staff, additional personnel are needed to reach the entire region; currently, services must be targeted to communities with the greatest need, based on estimated substance use rates and available prevention programs.

The main funding for the Prevention Network ($373,000) comes from the state Department of Public Health, but the Governor's Alliance Against Drugs supplies it--and each of the other seven Regional Prevention Centers--with $25,000 in DFSCA Governor's funds to help

pay for positions and new community-based projects not funded through other grants.[5] For providing technical assistance to the Lawrence Public Schools, the project also receives $31,000 through the district's Emergency and Personnel Training Grants from the U.S. Department of Education. Fees for library privileges and other services provided by the project generate an additional $10,000 to $15,000.

During fiscal 1992 the Governor's Alliance grant (DFSCA funds) helped the project establish resource networks in Amesbury and Billerica, which previously lacked organized efforts to address substance abuse. The project's staff worked with school officials, police, churches, and youth and parent groups in those towns to find other sources of funding to implement needed programs.

Evidence of Effectiveness

The Prevention Network has conducted no formal evaluations of its operations, but according to its progress reports to the Governor's Alliance Against Drugs, it achieved its 1992 objectives for community organizing and neighborhood development, youth education and peer leadership programs, prevention training, and training of trainers. One indicator of the project's positive influence is that its involvement in school and community programs such as peer leadership is spawning similar groups and programs in schools and communities. Peer leaders expressed excitement about opportunities to use their skills developed through the project's

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[5]Activities supported with DFSCA funds are limited to prevention and other activities allowable under the DFSCA.

training programs. Staff reported that the project's outreach to minority groups and emphasis on multicultural services, particularly in the Hispanic community, have also been well received.

Summary

The Psychological Center's Prevention Network in Lawrence, Massachusetts, is one of the state's eight Regional Drug and Alcohol Prevention Centers established by the state Department of Public Health. The project provides consulting services, technical assistance, education and training, public information and awareness programs, and a resource library to the region's citizens for three reasons: (1) to prevent and reduce alcohol- and other drug-related problems, (2) to prevent and reduce the spread of HIV/AIDS, and (3) to promote physical, emotional, and social health and well-being. As yet, the project has not been formally evaluated, but progress reports and anecdotal information regarding the project's achievements are encouraging.

BRONX BETTERMENT STARS

Bronx, New York

Project Purpose: To decrease alcohol and other drug use among high-risk youth through multiple prevention and recreational activities

Funding:
Governor's DFSCA: $101,000

Project Rationale

The Committee for the Betterment of Alcoholism Services in the Bronx, known simply as the Bronx Betterment Committee, is a private, nonprofit organization, established in 1974, that provides community-based alcohol and other drug prevention and treatment services. The Bronx Betterment Committee has facilitated a number of youth prevention programs. In 1989, it proposed the Bronx Betterment Stars as a year-round follow-up to a summer pilot project that was sponsored by the New York State Division of Alcoholism and Alcohol Abuse, which according to staff successfully reduced high-risk behaviors among the area's youth. Bronx Betterment Stars operates on the premise that a multicomponent effort is the most effective way to reduce high-risk behaviors among young people.

The project serves the South Bronx, which, with a population of 200,000, is plagued by widespread poverty and unemployment, has the state's highest rate of teenage pregnancy (24 percent of all births), and has one of the highest rates of juvenile arrest in New York City. Some 80 percent of the population is Hispanic or black, and over 50 percent is under age 24. The area

is known for high rates of drug possession and drug sales as well as violent crime. In fact, the associate executive director of the Bronx Betterment Committee told us that 100 percent of the area's youth are at very high risk for alcohol and other drug use because of the environment in which they live.

The area's school dropout rate is 60 percent, but the majority of prevention programs and resources are offered only in the schools, with few community-based resources available to young people who are not in school. Bronx Betterment Stars is one effort to provide a safe environment and needed services to a community with significant numbers of high-risk youth. The project's goals are to (1) develop a select group of teens to serve as healthy role models to other high-risk youth; (2) design and execute an effective parent education and prevention model for use with high-risk families; and (3) offer outreach and peer counseling services to high-risk adolescents.

Participants, Services, and Activities

Bronx Betterment Stars serves youth ages nine to 15 who are recruited from local community centers in public housing areas, as well as community settlement houses and boys and girls clubs. Some 35 percent are Hispanic and 65 percent are black. Three-quarters of the youth are from single-parent families with incomes below the poverty level. A third of the parents speak only Spanish and are described as "semi-illiterate." The project director estimated that 70 to 80 percent of the parents use drugs or are practicing alcoholics. The youth generally perform below average academically and read below grade level or not at all; many attend special education classes.

The project tries to recruit youths at nine years of age and keep them enrolled as they grow older. About 30 percent of current participants have been in the project over a year; approximately 20 percent have been in the project two years. Some project "graduates" (those over age 16) remain to perform volunteer work. In 1993, the project had plans to widen the age range by admitting youths as young as six and as old as 17.

The project enforces rules of conduct during its various activity sessions. According to these rules, participants must treat each other respectfully; for example, they can only call each other by their real names. If a youth is heard to say anything threatening to another person, that youth must enter a "time out" (isolation) room and must say several nice things about the other person. Anyone caught hitting another youth is terminated from the project. No cursing, damage to property, or wandering into other parts of the building is allowed. Finally, participants are responsible for cleaning up after themselves.

Project Components

The project aims to prevent alcohol and other drug use among its youth participants by developing positive social behaviors and strong commitments to their families, schools, positive peers, communities, and drug-free lifestyles. The project also hopes to help parents become agents for preventing alcohol and other drug use among their children by teaching the parents effective listening and responding skills, sound parenting skills, ways to build their children's self-confidence, basic facts about alcohol and other drugs, and the importance of sharing concerns with other parents. To accomplish these aims, the project employs multiple components, which we describe below.

After-School Program. During the school year, the project enrolls up to 60 children in its after-school program, which operates from 2:30 p.m. until 6:30 p.m., Mondays through Fridays. The project views the after-school program as a means for involving youth in healthy alternatives to spending several hours each day in environments that increase the youths' risk of using substances. To remain enrolled in the program, participants must attend four out of every five sessions. If youth fail to attend a session or are more than 30 minutes late on any one day, project staff call the parents.

At the beginning of each after-school session, the youth receive an afternoon meal, which lasts 45 minutes. For the next 45 minutes, participants engage in quiet work, and project staff members help young people with their homework as needed. To complement the tutorial work, the project has established a library from which the youth can borrow books. The youth themselves operate the library. After the homework period, the sessions allow at least an hour for the Youth Empowering Curriculum, and roughly the final hour and a half for drug-free recreational activities.

Summer Day Camp. Bronx Betterment Stars operates a summer day camp during July and August for seven hours each day. To educate youth about alternatives to using drugs and alcohol for recreation, the project conducts field trips nearly every day; participants also receive lunch and snacks and participate in instruction in the Youth Empowering Curriculum. Approximately 30 youth take part in the summer day camp each year.

Youth Empowering Curriculum. The project supplements *Skills for Adolescents*, a social skills/prevention-related curriculum published by Quest International, with material on multicultural issues; family matters; culturally sensitive heroes and role models; racism;

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stereotyping; and drug, suicide, pregnancy, and violence prevention. Curriculum sessions last a minimum of one hour during after-school sessions. The project often uses drug prevention-related films and guest speakers to complement the lessons.

Cultural Awareness Activities. To instill in the youth a sense of cultural pride and an understanding of and appreciation for other cultures, the project highlights one culture each month, giving workshops, showing films, having guest speakers, holding Saturday field trips, and hosting cultural celebrations. In addition to the structured events, project staff engage the youth in spontaneous discussions about the ethnic makeup of communities they visit on field trips. Throughout the activities in this component, the project aims to diminish differences, accentuate similarities, enhance self-esteem, and foster respect for the contributions of all people.

Recreation. The recreation component is designed to offer alternatives to recreational use of alcohol and other drugs, encourage healthy fun, promote physical and mental health, and emphasize teamwork over individual achievement. The after-school program holds team activities every day, including basketball, baseball, and volleyball. Youth can also participate in activities such as billiards, ping-pong, bumper pool, air hockey, and foosball. Many recreational activities take place in the summer months as well. The project conducts field trips to parks, swimming pools, beaches, playgrounds, zoos, and the like.

Community Outreach. To work on interaction and peer leadership skills, project members participate in activities with participants from other community programs and centers. The youth take part in team sports and hold "rap" sessions. Material for the rap sessions comes from the curriculum, videos, and lectures. The older youths can also attend a weekend

leadership-training retreat to enable them to support and reinforce nondrug-use behaviors as role models and peer counselors for other high-risk youth.

Parent Workshops. Bronx Betterment Stars requires parents to attend a workshop each month. Representatives of outside agencies facilitate these half-hour sessions to reinforce the messages parents get from project staff and to increase parents' awareness of community resources. The project holds the sessions in the evenings, provides day care for enrolled youth and their siblings, and serves refreshments to parents. Session topics include facts about alcohol and other drug use, strategies for preventing substance use, and ways to detect substance use. The project offers follow-up assistance to parents as needed.

Funding and Staffing

Supported by DFSCA since 1990, Bronx Betterment Stars received nearly $101,000 from the DFSCA Governor's program in fiscal 1992.[6] In addition to DFSCA money, the project receives funds from other sources, including the city of New York. The U.S. Department of Agriculture's Feeding Program provides afternoon meals.

The Bronx Betterment Committee, which founded the Bronx Betterment Stars, has been funded by the New York State Division of Alcoholism and Alcohol Abuse since 1986. It also generates revenues through special training programs and fundraising initiatives. The executive director of the Bronx Betterment Committee guides the project's overall operations and policy

[6]Activities supported with DFSCA funds are limited to prevention and other activities allowable under the DFSCA.

development. The associate executive director supervises project staff, organizes community support, and volunteers time as a tutor.

Staff hired specifically to work on the Stars project are a part-time project director, a part-time state-certified teacher and a full-time youth counselor. The teacher, who is bilingual in English and Spanish, prepares and implements the curriculum, parent workshops, and peer counselor training. The youth counselor, who is experienced in community health education, implements all other project activities and coordinates outreach efforts.

Evidence of Effectiveness

According to the staff of Bronx Betterment Stars, demand for enrollment has been great, sometimes generating a waiting list. In focus groups conducted by project staff, parents and youth alike have reported that the project has helped improve their attitudes toward others and decreased their high-risk behaviors.

Project staff reported that prior to the project's inception, many of the participating children had nowhere to go after school except to empty homes or to alcoholic or drug-abusing adults. One 10-year-old boy told them that, before the project started, he spent most afternoons from school closing until suppertime riding around on subway trains because they were safer than going home before his mother returned from work. Another youth said he participates in the project because "it's a safe place to be." Project staff reported that one 15-year-old male left the project to return to the streets, saying he was "too much of a man to hang out here." Four months later, wanting shelter from gang activity, he pleaded to get back into the project.

Another child, after learning through the project about the harmful effects of alcohol, told the project director, "I asked my mother to stop drinking beer in front of me."

Project staff have found that their use of community representatives as facilitators of parent workshops has increased parents' awareness of area resources. The parent workshops, however, have experienced low attendance. In an effort to increase parent involvement, project staff plan to begin calling parents one to two days prior to the sessions. Because project staff see parent participation as vital to decreasing substance-use risk among youth participants, the project will begin suspending and terminating children from its activities if their parents do not attend the workshops.

Summary

Bronx Betterment Stars, conceived in 1989 by the Bronx Betterment Committee, serves high-risk youth in the South Bronx. The project aims to develop a healthy group of role models for high-risk youth, to improve parenting skills and parent behaviors related to substance use, and to conduct outreach activities to reach youth beyond those enrolled in the project. The project serves mostly Hispanic and black youth ages nine to 15. It employs multiple approaches to substance-use prevention: an after-school program, a summer day camp, its Youth Empowering Curriculum, cultural awareness activities, recreation, community outreach, and parent workshops. The project has experienced high rates of enrollment and is considered by many of the youth to be a safe haven from the dangers that face them on the streets and even in their homes. The youth and their parents reported that the project has helped improve their attitudes toward others and their alcohol- and other drug-related behaviors.

STREETWORKER PROGRAM

Boston, Massachusetts

Project Purpose: To decrease alcohol and drug use, violence, and crime by linking difficult-to-reach, high-risk youth with prevention and intervention services and sources for alternative activities

Funding:
Governor's DFSCA: $50,000

Project Rationale

The Streetworker Program puts trained prevention workers on the streets in Boston's low-income, crime-ridden neighborhoods to reach hard-core, high-risk youth who do not seek community resources for help with problems of substance abuse, court involvement, violence, sexuality, and the like. The Streetworker Program grew out of a realization on the part of policymakers, service agencies, and citizens that the most effective way to help difficult-to-reach youth is to conduct prevention work in places where the youth hang out. By offering support and alternative activities to youth who are alienated from society, the program hopes to "make neighborhoods safer, less drug-infested, and less prone to youth violence and crime."

Participants, Services, and Activities

Streetworkers seek out young people where they are likely to spend time--on street corners or door stoops, and at arcades and playgrounds. Some youths are on probation or are facing trial for charges ranging from drug dealing to attempted murder; many are in gangs; some

have dropped out of school; but, according to project staff, all are "slipping through the cracks" of existing school programs or social welfare networks.

To address the needs of these young people, streetworkers have four primary responsibilities:

1. To link service providers, treatment and prevention programs, neighborhood groups and organizations, the schools, and the juvenile justice system with hard-to-reach neighborhood youth;

2. To provide intensive service to 40 high-risk youth;

3. To organize activities, workshops, seminars, educational forums, and trips for 1,000 high-risk youth; and

4. To intervene in crisis situations, as needed.

Streetworkers link the youth to appropriate prevention and intervention services, such as alcohol and other drug prevention programs, social and advocacy programs, and health clinics, as necessary. They attempt to involve young people in recreational, educational, enrichment, and employment activities as deterrents to substance abuse, violence, and crime. Streetworkers also encourage the youth to enter or reenter educational or vocational programs or to engage in other constructive activities.

When streetworkers are first assigned to a neighborhood, they begin by building trust with the youth--which they say is a formidable task. As trust is gained, the youth begin to disclose information to the streetworkers, about themselves and about happenings in the neighborhood. Sometimes streetworkers receive information about crime that must be passed on to the local police. Streetworkers, however, never divulge information about the youth that is given in confidence; instead, they encourage the youth to talk with police. By working

consistently in one community, each streetworker gets to know most of the youth and the resources available in the area. They help the young people find jobs, get them into appropriate training and substance use prevention programs, help them apply to community colleges, involve them in nondrug-use activities, or just encourage them to stay in school or return to school.

One of the most dangerous activities for streetworkers is mediating disputes among rival gangs. All of the neighborhoods are divided into territories run by separate gangs; some have guns, and youth have been killed in disputes. In some neighborhoods, streetworkers are actively trying to persuade gangs to call truces. Streetworkers carry no weapons--only beepers that they use to respond to crises and to keep in touch with their colleagues. They recently acquired "uniforms"--navy-blue jackets with "Streetworker" on the back. Although the streetworkers work where violence occurs, no streetworker has been injured. Streetworkers try to avoid risky situations; they do not take the place of the police.

Funding and Staffing

The Streetworker Program is one of a dozen projects within the Division of Special Programs of the Boston Community Centers (BCC). The BCC is composed of 38 community centers. It operates out of community, municipal, and recreational facilities and provides educational and recreational services to city youth and the general public.

The BCC placed the first five streetworkers on the Boston streets in 1989; in 1990 the Streetworker Program began to receive funding from the Governor's Alliance Against Drugs and the state Department of Health, which allowed the project to add sites and hire 10 workers. In 1992 the project had over 22 streetworkers operating out of 15 BCC community centers and

10 community-based nonprofit agencies. The project's budget was $500,000, of which $350,000 came from the city of Boston, $100,000 from the state Department of Health, and $50,000 in DFSCA Governor's funds from the Governor's Alliance Against Drugs.[7]

The Streetworker Program manager is assisted by two senior streetworkers, who identify programs and training of benefit to streetworkers; facilitate communication among streetworkers and between them and the agencies that provide services to youth; maintain a resource and referral system of services for youth; and meet regularly with the streetworkers to discuss issues and concerns.

All streetworkers have at least a high school education, and some have a bachelor's degree. All have experience in working with youth in the community. Streetworkers obtain some training in substance abuse, violence prevention, and safety from the city, but most training is obtained on the job during a six-month probation period when beginning streetworkers are paired with "seasoned" streetworkers who teach the newcomers the ropes. Additional training is offered by the Management Consortium, a coalition of local businesses that donates time and resources to train community workers. The project staff plan to ask the consortium for a special two-day training for streetworkers.

The streetworkers are of different racial and ethnic backgrounds. Although media attention has made it possible to recruit streetworkers mostly by word of mouth, the program currently is seeking Asian streetworkers to work with Asian gangs in particular neighborhoods. The program also needs more female streetworkers to work with young girls, who often are not

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[7]Activities supported with DFSCA funds were limited to prevention and other activities allowable under the DFSCA.

comfortable confiding in male streetworkers. The only female streetworker now on the staff recently was able to help a 16-year-old pregnant girl who needed medical assistance and a temporary home.

Evidence of Effectiveness

In 1990, outside consultants conducted a formal evaluation of the project to examine the roles of streetworkers, senior streetworkers, and the program manager; to determine the extent to which the personnel understood their roles; and to identify the project's strengths and weaknesses. Findings indicated that, although qualified and experienced in their jobs, staff members did not always understand their job functions or roles with respect to the next level of management. This lack of understanding created some confusion about the chain of authority and created gaps in fulfilling job obligations. The evaluation also uncovered weaknesses and inconsistencies in documentation and reporting of cases. The consultants (1) recommended that the project simplify its managerial structure so that each tier of staff members answers to one level of management rather than several, (2) suggested that management more clearly describe job roles for staff members, and (3) revealed streetworkers' wishes for increased job-relevant training and more efficient reporting methods.

In general, the streetworkers believe they have accomplished feats that police and social agencies cannot achieve. Most of the youth they serve are youth who are not served by social agencies, primarily because these youth do not seek such services. Some of them have dropped out of school, and those who are still in school are likely to be in trouble with school officials and police. Streetworkers stress that police have many problems to handle and do not have the

time or resources to adequately help the young people they pick up for violence and drug offenses.

The program has received repeated media exposure and is thus well-known among community agencies and school officials. Some of the city's middle schools requested that BCC start a streetworker-type program in the schools to address issues of violence and substance use. The BCC agreed and funded such a project, with plans to hire eight workers to operate the project during school hours and to provide continuity of service by also working with the students out of community centers after school hours. One national organization, the Kellogg Foundation, has shown interest in the Boston model of the Streetworker Program and enthusiasm for creating a funding base for a similar program nationwide. A statistic cited by project staff as evidence of the project's early impact is that homicides involving young people, ages 11 to 21, declined by 28 percent during the first half of 1991 in comparison to the same period in 1990.

Summary

Boston's Streetworker Program, which began in 1989, is one of a dozen projects within the Division of Special Programs of the Boston Community Centers. The project places prevention workers, called streetworkers, on the streets of Boston's low-income, crime-ridden neighborhoods to contact hard-core, high-risk youth who are not receiving help with problems such as substance abuse, delinquency, violence, and sexual abuse. Streetworkers refer the youth to appropriate prevention and intervention services, and they encourage the youth to enter or reenter educational or vocational programs or to engage in other productive activities. Project

staff, members of the media, and local and national groups are impressed with the project's efforts and view the project as a model for similar programs.

THE MAINE APPROACH:

STUDENT ASSISTANCE TEAMS AND

COMMUNITY-BASED SUBSTANCE ABUSE PREVENTION TEAMS

Project Purpose: To decrease alcohol and other drug use through multiple school and community efforts

Funding:
Governor's DFSCA: $211,470 to the state SAT unit
$199,031 to MCD, Inc.

Project Rationale

Maine has concentrated its DFSCA Governor's funds on two projects: student assistance teams (SATs) and community-based substance abuse prevention teams.[8] By funding these two programmatic areas, the Governor's program intends to achieve three objectives: to buttress local drug prevention projects with technical and financial support during initial implementation; to provide resources for developing sound local project models for replication throughout the state; and to maximize the impact on alcohol and other drug use statewide, while encouraging the local self-governance that state residents demand.

The history of Maine's current approach to drug prevention can be traced to 1979, when the state education agency began to develop, train, and maintain school/community teams. These teams, which still operate today, consist of school professionals and community

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[8]For brevity, we often refer to "community-based substance abuse prevention teams" as "community-based teams" in this report.

representatives who ensure the effectiveness of school drug prevention programs through ongoing monitoring, evaluation, and renewal efforts. With the continuing persistence and pervasiveness of substance abuse, however, the state concluded that a single prevention approach aimed at youth was insufficient; instead, multiple strategies targeted at adult as well as youth populations were warranted. Hence, the state education agency decided to support SATs and conceived the community-based substance abuse prevention team approach--a model it views as the most effective and efficient vehicle for implementing comprehensive community drug prevention and education programs.

Participants, Services, and Activities

Student Assistance Teams

The SAT unit within the state education agency, established in 1990, has trained more than 100 teams at the school-building level to identify and help high-risk students. Each SAT consists of a group of school professionals who try to identify high-risk students and refer them to drug-prevention and related programs before they experience school or social failure. These teams, originally designed to ensure appropriate special education referrals, are now also integral to district alcohol and other drug prevention efforts.

Community-Based Teams

Stand-Up. In 1987, the state education agency established two community-based teams (one in Saco, the other in Skowhegan) as five-year pilot projects to serve as models for

subsequent replications. We visited Stand-Up,[9] the pilot community-based team in Saco, a former mill town with a population of 15,000 people; nearly all are white and many are of French-Canadian heritage. According to community members, the overwhelming drug of choice among youth is alcohol, followed by cigarettes. The initial goal of the Stand-Up project was to change community norms regarding alcohol and other drugs.

The DFSCA Governor's award recipient in charge of training and assisting the community-based teams was Medical Care Development (MCD), Inc. The Stand-Up project model called for MCD staff and a citizens' group--comprising the area's school/community team, representatives of the broader community, parents, and youth--to collaborate in establishing the community-based team and to conduct a needs assessment in the first year of the project. The needs assessment consisted of a survey of nearly 50 community leaders and all households in Saco. Approximately 10 percent of the households responded to the survey, and half of the responding parents expressed the opinion that underage youth have a right to drink.

Because Saco had no trained school/community team when it was selected as a pilot site, Stand-Up members received a seven-day school/community team training session from the state education agency, followed by the community-based team training from MCD. During the MCD training sessions, the team used the findings from the needs assessment to develop a mission statement, which reflected concerns about problems related to alcohol and other drugs, and an action plan, which identified goals and strategies.

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[9]Stand-Up is an acronym formed from the first letters of Saco, Thornton Academy and Notre Dame (two high schools), Dayton (a neighboring community), and under pressure.

Consistent with its action plan, which it updated annually, the Stand-Up team used many means to increase community awareness of substance use effects and avoidance skills. They included publicity in newspapers and on TV and radio, training of parents and teachers, posters, newsletters, and public ceremonies.

The team's largest project was the establishment of a teen center to provide drug-free weekend recreation for teenagers, a resource that was formerly lacking in the community. A Stand-Up student subcommittee led the effort to establish the center, which has a kitchen and dining room, is open on Friday and Saturday evenings, and is furnished with donated equipment such as pool tables, games, a television, and a stereo. Other Stand-Up activities include working with parents and the police departments in Saco and neighboring Dayton to provide "safe homes" where youth can socialize and practice nonuse behaviors; providing scholarships for high-risk students to attend summer camp; and coordinating Stand-Up drug prevention activities with those of other community service organizations, such as the battered women's center.

Replication Projects. The state selected six sites in which to replicate the community-based team model, and all remain in the early stages of team development. Three communities (Bangor, Biddeford, and Sanford) have completed their action plans and team training; one community (Kittery) completed its action plan and was scheduled for training in early 1993; two (Rockland and Yarmouth/North Cumberland) were developing their action plans and were scheduled for training early in 1994. All sites were selected for the project because they have well-trained school/community teams that are associated with established school drug prevention programs.

Funding and Staffing

Student Assistance Teams

In fiscal 1992, the state education agency's SAT unit received DFSCA Governor's funds totalling $211,470 to support implementation of SATs in Maine's schools.[10] The unit, which developed the state's SAT model, provides, on a first-come first-served basis, two-day training sessions to school personnel who are SAT members. Each SAT consists of a group of school professionals. The suggested core membership includes an administrator, regular and special educators, the school nurse, a guidance counselor, and the chemical health coordinator. The SAT unit has trained over 100 teams, representing 50 school systems, and has a waiting list of teams that have requested training.

Community-Based Teams

Pilot Projects. In fiscal 1992, MCD received $199,031 in DFSCA Governor's funds to support replication of the community-based team model, which was developed and tested in Saco and Skowhegan under a prior DFSCA Governor's award to MCD.[11] MCD, a nonprofit health management and research organization founded in 1966, has over 20 years of experience in health systems development in Maine. The company has a staff of over 50 full-time professionals, many with advanced degrees. Staff expertise includes medicine, education, public

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[10]Activities supported with DFSCA funds are limited to prevention-related activities allowable under the DFSCA.

[11]MCD's activities supported with DFSCA funds were limited to prevention and other activities allowable under the DFSCA.

health, economics, communications, nutrition, survey research, and financial management. MCD first received a three-year DFSCA Governor's award in 1987, when Saco and Skowhegan were chosen as pilot sites to test Maine's model for community-based teams. The community-based team project is one of numerous MCD projects funded by grants and contracts from governmental agencies.

MCD assisted the pilot projects with needs assessments and training of team members, and it awarded funding for hiring local staff after the teams completed action plans. An MCD project director oversaw both pilot projects at half-time during years 1 through 3, and somewhat less than half-time during year 4. During its first three years, the Stand-Up project was also staffed with a paid community development specialist who worked half-time on the project. During the fourth year the specialist continued at 10 percent time. During the fifth year she worked 5 to 10 percent time. The community development specialist provides coordination, facilitation, management, and training for the team and serves as liaison with the MCD project director. According to the Stand-Up committee chair, the community development specialist has been essential to the project.

Some 14 Stand-Up core team members, serving on a voluntary basis, represented a wide range of community organizations and interests. The core team members also recruited other volunteers from the community to serve as "allies," assisting the team's subcommittees with their activities. The team has two standing subcommittees--public relations and recruitment--and four additional subcommittees established to address the four current priorities: institutional/legislative, alcohol and fun, educational community, and kids at risk. The core team meets once per month and subcommittees meet as needed, sometimes as often as twice a month.

Replication Projects. MCD, in collaboration with the state education agency, distributes its DFSCA Governor's funds to local communities through a purposeful selection process. To be eligible for selection as a replication site, a community generally must have a trained school/community team, which serves as the initial starting point for formation of the community-based team.

After the six replication projects complete their action plans, they become eligible for small (under $5,000 each), one-time awards to help fund their drug prevention activities. According to state officials, the Governor's program does not have funds to provide paid local staff for the replication projects. The projects have been unable to raise funds to support local staff; hence, the replications have become pilot tests of all-volunteer efforts, supported by MCD team training and technical assistance during initial implementation.

MCD plans to provide the replication projects with training that is grounded in research on effective all-volunteer neighborhood teams. According to the MCD project director, this approach to training, which links hands-on team development to research-based best practices, may enable the replication projects to succeed with all-volunteer work forces.

Evidence of Effectiveness

Student Assistance Teams

In two years, the SAT unit within the state education agency trained members for, and provided technical assistance to, SATs for over 100 of the state's 800 schools. The unit's staff

cite the number of trained teams and the waiting list of schools wanting the training as evidence of project effectiveness.

The SAT unit implemented a three-year longitudinal evaluation in 1992, of which the first year has been completed. According to state officials, preliminary data indicate that SATs are functioning as intended and are helping meet the drug prevention needs of high-risk students.

Community-Based Teams

Stand-Up. A comparison of data from 1989 and 1991/92 surveys of Saco students showed a reduction in the percentage of students in grades 7 and 8 who reported an alcohol problem in their school (from 77 to 66 percent). Many other measures, however, were less positive. For example, the percentages of students (primarily in grades 9 through 12) reporting "big" to "very big" alcohol or other drug problems in their school increased significantly.

Despite the mixed survey results, Stand-Up team members report that the project appears to be achieving its goal of changing community norms regarding the use of alcohol and other drugs. For example, parents in Saco annually hold a cleanup day to prepare the Little League ballparks for the coming season; in 1992, for the first time, parents did not bring cases of beer to drink after completing the cleanup.

The Stand-Up community development specialist believes that the project has influenced many parents to "draw the line and send a clear message" against consumption of alcohol by underage youth. For example, 250 parents recently attended a forum organized by Stand-Up to address issues surrounding a youth party that involved large amounts of alcohol and major property damage to a home.

The Stand-Up volunteer chair believes that the team's biggest contributions have been (1) raising public awareness of substance abuse as an issue for the entire community rather than just for the schools and (2) establishing the teen center as an alternative to parties where alcohol and other drugs are used. He hopes that other sites, such as school facilities, can be added as alternative places for idle youth to spend time on weekends. Other team members think that convincing school personnel of the value of community-based programs has been a key contribution of the Stand-Up project as well as an indicator of its success. Stand-Up also plans to identify and serve homeless youth in Saco.

Although the Stand-Up project has experienced some successes, it has not yet been tested with an all-volunteer staff. The community development specialist is systematically reducing her role, and the Saco team will soon face the challenge of being staffed completely by volunteers. Although the goal of the community-based team model is to motivate citizens to engage in long-term multifaceted efforts to prevent substance abuse, the Stand-Up team hopes to find funding to hire at least one staff member who will link interest groups and provide continuity to the project.

Summary

Maine's approach to alcohol and other drug prevention involves concentrating its DFSCA Governor's funds on multiple, statewide projects; namely, student assistance teams and community-based substance abuse prevention teams. Student assistance teams consist of school professionals who identify and refer high-risk students for prevention services. The DFSCA Governor's award winner in charge of coordinating and training SATs is the SAT unit within the

state education agency. According to state officials, preliminary evaluation data show that SATs are effectively addressing the alcohol and other drug prevention needs of Maine's high-risk youth.

Stand-Up, the community-based team we visited in Saco, was one of two five-year pilot projects that the state established in 1987 to serve as models for later replications statewide. MCD, a nonprofit health management and research organization, coordinated the pilot project effort. Stand-Up staff included two paid workers, but the bulk of its workers were (and still are) community volunteers. Over time, the paid positions are being phased out. Preliminary survey data of Saco's youth are mixed for the Stand-Up project, but anecdotal reports by paid staff and volunteers indicate that the project is having some positive effects on youths and parents alike. Thus far, the state has selected six sites to replicate the community-based team model, this time with all-volunteer staffs.

B. PROJECTS THAT TARGET ADJUDICATED YOUTH

Overview

Several of the projects we visited as part of our study of services and activities supported with Governor's DFSCA program funds for high-risk youth targeted adolescents who had become involved with, or were at imminent risk of becoming involved with, the juvenile justice system. The general purpose of these projects was to "rescue" these youth before they began to engage in serious criminal behavior. Based on this purpose, the three projects we visited all contained a court diversion component, involving formal referral from arresting officers or the courts. Youth whose legal difficulties were relatively minor first offenses (e.g., use of alcohol or drugs, vandalism, shoplifting), who were willing to accept responsibility for their actions, and whose parents or guardians agreed to participate in rehabilitative activities, could obtain a variety of services ranging from group and individual counseling, alcohol and other drug prevention or intervention services, community service experiences, and referral. For youth accepted into a project, successful completion of a prescribed set of services and activities resulted in removal from court records.

We visited three projects whose chief focus was adjudicated youth: the Comprehensive Awareness Program (CAP) in LaGrange, Georgia; the Essex County Juvenile Diversion Program in Salem, Massachusetts; and Youth Alternatives in Cheyenne, Wyoming. A key aspect of all three projects was involvement of parents or guardians in project services and activities. Two--CAP and Essex County--required that parents or guardians participate in parenting education classes and other activities as a condition of the youth's participation.

Youth Alternatives offered support groups, parenting classes, and other services but did not require attendance as a condition of youth participation.

In addition to intensive parent/guardian involvement, all three projects, recognizing the multidimensional nature of youths' problems, either provided or arranged for a variety of services targeted to individual youths' needs. All included alcohol/drug counseling and intervention; all coordinated with other agencies such as mental and physical health providers and the schools to ensure a sufficiently intensive intervention; and most provided case management, crisis intervention, and other services as needed. While the amount of DFSCA Governor's funds provided to these projects tended to be relatively modest, the three projects noted that the support had been critical to their ability to provide needed services or to expand their capacity to meet local demand for their project. Finally, the three projects provided evidence of their success, ranging from high completion and low recidivism rates to anecdotal evidence from parents and participating youth.

COMPREHENSIVE AWARENESS PROGRAM

West Georgia Youth Council, LaGrange, Georgia

Project Purpose: To reduce the number of youth entering the juvenile justice system by improving lifestyle choices and behavior patterns

Funding:

Governor's DFSCA:
$ 3,750 (1989-90)
$31,000 (1990-91)
$15,800 (1991-92)

Project Rationale

The Comprehensive Awareness Program (CAP) is one of several projects for youth and their families operated in Georgia's Troup County by the private, nonprofit West Georgia Youth Council (WGYC) of LaGrange. The Council also operates CAPs in each of the four counties surrounding Troup County--Carroll, Meriweather, Heard, and Coweta. We visited the project in Troup County, which is similar in demographic composition to the projects in the other counties.

CAP serves first-time offenders who have committed minor infractions and who juvenile court officials believe can readily be diverted from delinquency. The purpose of CAP is to reduce the number of youth entering the juvenile justice system by (1) helping first-time juvenile offenders select positive lifestyles by raising their awareness of consequences associated with various behavior patterns, and (2) improving the parenting skills of the youths' parents or other responsible adults. The WGYC staff originally set the following 10 goals for CAP:

1. To provide comprehensive substance abuse education;

2. To conduct parenting classes for adults;

3. To establish a peer support group for youth;

4. To engage guest speakers to address drug prevention and related adolescent issues;

5. To provide group family counseling for parents and youth;

6. To provide individual case management for each youth;

7. To monitor educational progress and problems and to make appropriate referrals;

8. To address the problem of juvenile delinquency with parents or other responsible adults;

9. To establish for youth and families a library of films related to juvenile delinquency, substance abuse, and related issues; and

10. To monitor the health of youth and families and to refer those in need to health care facilities.

Project staff achieved most of the goals during the CAP's first year; all goals not met in the first year were to be implemented over time.

Participants, Services, and Activities

Juvenile court judges refer youths to CAP, and staffing groups determine which offenders are suitable for the project. Depending on each youth's specific issues, staffing groups may include the young offender's probation officer as well as WGYC, social service, mental health, and/or school representatives involved with the youth. The primary types of young people the project seeks to reach are youth who are economically disadvantaged, are children of substance abusers, use alcohol or other drugs, have mental health problems, have serious

conflicts with their parents, or are victims of physical, sexual, or psychological abuse. Repeat offenders and young people who have committed severe infractions are referred to other programs.

Young offenders who have been referred to and accepted by the CAP project participate in CAP courses, each consisting of 8 to 12 youth participants. Every youth participant, accompanied by at least one parent or responsible adult, must attend one half-day session each week (either on a weekday evening or on Saturday) for six weeks. A typical session consists of a one-hour presentation to the entire group by a guest speaker or the CAP instructor. Topics include healthy lifestyle choices, effects of alcohol and other drug use, and avoidance skills. After a refreshments break, adults and youths meet in separate rooms for the remainder of each session; the CAP instructor leads the youth classes, and WGYC's Youth Guidance Center coordinator facilitates the adult sessions. Parenting skills are the primary focus of the adult sessions, which cover drug awareness and avoidance skills, values, responsibility, and an overview of the juvenile court system.

No absenteeism is allowed unless approved by the juvenile court, and because refusal to attend courses violates court orders, unexcused absentees are fined for contempt of court by the juvenile court judge. The absent youths and their parents or other responsible adults are then scheduled to attend subsequent CAP courses. Youths who attend sessions but whose responsible adults do not satisfactorily meet the attendance requirements do not receive credit for completing the program and must also repeat it.

Following each of the six weekly sessions, the instructor evaluates every youth's participation. These written evaluations, which become part of the court records, yield

composite scores indicating satisfactory or unsatisfactory course completion by each young person and his or her parent(s) or other responsible adult. After the final session and evaluation, WGYC sponsors a graduation party and distributes certificates of course completion to the youths who pass the course. At course completion the staffing groups also assess the likelihood that the youths will become repeat offenders. Based on the level of risk the groups assign to each youth, the judge recommends either that the youth leave treatment or be placed, for a specified time, in one of two maintenance programs (MPs): MPI for low-risk youth and MPII for high-risk youth.

Funding and Staffing

In addition to DFSCA Governor's funding, the project receives funds from other sources, including the County Board of Commissioners.[1] The Governor's funds help pay the salaries of the CAP instructor and WGYC's Youth Guidance Center coordinator, who assists the CAP instructor with planning and conducting prevention-related course sessions. WGYC's executive director and other staff provide administrative, secretarial, and accounting services to the CAP project. An Advisory Council, consisting of 15 to 18 members from various advocacy groups, county agencies, and other community advisory councils, works with WGYC to determine the needs of the community and families.

WGYC first applied for DFSCA Governor's funding in 1989 and received $3,750, which it used to purchase materials. In 1990-91, DFSCA funding increased to $31,000, allowing the

[1] Activities supported with DFSCA funds are limited to drug prevention and other activities allowable under the DFSCA.

WGYC to implement the first CAP courses. Funding from DFSCA in 1991-92 dropped to only $15,800. Prior to the sharp decrease in DFSCA funding, WGYC staff had planned to expand CAP by adding personnel and increasing the number of youths who can be served in the five-county area from 120 (current capacity) to 250; however, the financial constraints forced the staff to abort their plans and reduce the number of CAP courses held annually in each of the five counties from two to one. Consequently, the project can now serve only 60 youth per year.

Evidence of Effectiveness

According to WGYC staff, the CAP project has contributed to a substantial decline in LaGrange's use of the Regional Detention Center for juvenile offenders. Of approximately 170 high-risk youth staffed during May 1991 through October 1992, 33 percent received referrals to programs other than CAP due to the severity of their offenses and risk levels, 53 percent completed the CAP project and were taken off probation, and 14 percent became repeat offenders. In 1991 and again in 1992, from the Georgia Department of Resources' Prevention Resource Center, WGYC received recognition awards acknowledging CAP as an exemplary project providing outstanding service to Georgia's high-risk youth.

Parents involved with the CAP course we visited also were impressed with the project's effects. Based on the comments below, it appears that some of them would have liked to see the project expanded:

- "If my son could have attended the project before he got into trouble, he might not have gotten into trouble."
- "I wish the program was longer, then my child could benefit even more from what they're teaching him."

- "I've told all my neighbors about the project, and they really want to complete the course with their kids--without having to have the kids get into trouble to do it."

Summary

The Comprehensive Awareness Program, operated by the West Georgia Youth Council in LaGrange, Georgia, is designed to reduce the number of youths entering the juvenile justice system. The project seeks to reach high-risk youth who are first-time offenders before their patterns of delinquency are deeply ingrained. Project staff attempt to improve the youths' lifestyle and behavior choices and to enhance their parents' parenting skills.

Young people selected for the project participate in weekly classes with their parents or guardians for six weeks. Upon completion of the classes, staff assess the students' performance and reevaluate their risk levels. Staff either give certificates of completion to the students or, if more treatment is deemed necessary, refer them to maintenance programs. Feedback and information received from staff and parents indicate that the project is benefitting first-time offenders in Troup County.

ESSEX COUNTY JUVENILE DIVERSION PROGRAM

Salem, Massachusetts

Project Purpose: To reduce delinquency and high-risk behaviors among first-time juvenile offenders, ages 7 to 17, through alternatives to adjudication

Funding:
Governor's DFSCA: $34,000 (1992)

Project Rationale

In 1980 the district attorney in Essex County, Massachusetts, developed the Juvenile Diversion Program as a less rigid, rehabilitative alternative to the usual court process for first-time juvenile offenders and their families. According to project staff, the theoretical basis for the Juvenile Diversion Program comes from intervention research that points to the interrelatedness of delinquency, substance abuse, early childbearing, and school performance. This literature shows particularly strong ties between poor school performance and minor delinquent offenses. Further, as they grow older, youth who engage in chronic delinquent behavior frequently use and abuse alcohol and other drugs.

In concordance with research findings, project staff intervene in the early stages of juvenile delinquency to prevent young offenders' further problems with the criminal justice system and to forestall risky behaviors, such as alcohol and other drug use, that are likely to follow. Project staff report that by intervening with, and arranging services for, high-risk youth before they become involved in serious delinquent activity, the project reduces the number of

repeat offenders. The intervention in turn lessens the workload of local police departments and the court system, and saves tax dollars. At the same time, through counseling and education, juveniles and their families learn effective ways to deal with delinquent behavior.

The project's specific objectives are (1) to identify youthful offenders who are using alcohol and other drugs; (2) to persuade these youth and their families to participate in outpatient counseling and psycho-educational groups; (3) to teach police departments, school systems, and interested community agencies to identify and refer appropriate youth to the project; (4) to help young offenders and their families obtain services to improve their quality of life and enhance personal skills; (5) to teach youths about substance abuse and AIDS; (6) to decrease or eliminate the use of alcohol and other drugs among adolescents; and (7) to reduce the recidivism rate among first-time offenders.

Project staff note that with the establishment of the diversion program, police have been willing to refer juveniles who ordinarily would have been released with no remedial attention or, if issued formal complaints, might have had their cases dismissed without findings. According to project staff, police in the past informally exercised their own judgment as to whether to charge juveniles; now the project offers more constructive options. Started in Salem District Court, the project has been expanded to five other district courts within the county. DFSCA funds have allowed the project to increase its staff and thereby to serve many more youth.

Participants, Services, and Activities

The project serves young people, ages 7 to 17, who have committed their first offenses, including all nonviolent crimes such as traffic violations; possession and use of drugs, but not

sales; and carrying concealed weapons or illegally possessing weapons, provided no physical violence was involved. Of the 985 juvenile cases brought before the district attorney in 1991, 737 were admitted to the project. The most common complaints were shoplifting (186) and malicious destruction of property and possession of alcohol (89 each). Only youth who admit responsibility for their behavior are eligible for the project; the cases of those who do not accept responsibility go forward in court. Eligibility of persons who have committed more than one offense is evaluated case by case.

A young person can be referred to the project either before or after a formal complaint has been submitted to the court. At the precomplaint level, the arresting police officer completes the usual processes of arrest, booking, and parent notification and performs a background check. The juvenile probation officer is then notified, and if the juvenile fits the profile of eligibility for the project, a recommendation may be made to divert the youth. The police officer's recommendation is a major factor in admission of a juvenile to the project, although the ultimate decision rests with the assistant district attorney or police prosecutor. At the postcomplaint stage, a district court judge decides whether to recommend the youth for acceptance in the project.

If the youth and parents agree to participate in the project, which they are usually eager to do once they understand their options, they sign a statement indicating acceptance of responsibility for the offense and waiving the youth's right to appear before the court. A diversion coordinator then conducts an intake interview with the youth and his or her family and arranges for a clinical evaluation of the youth and the family situation.

Each juvenile and his or her family enter a contractual agreement with the diversion coordinator and the agency or agencies providing services. The agreement delineates the recommended course of action, including assessment and specialized intervention to address individual needs and family concerns, particularly those related to drug and alcohol use. Violations of the contractual agreement can result in termination of the case as unsuccessful. Contract violations by the juvenile include (1) lack of attendance at counseling sessions, (2) failure to complete assigned community service projects, (3) commission of a subsequent offense, and (4) negligence in paying restitution. Most juveniles comply with the requirements, however, to avoid prosecution in court.

After the intake and evaluation stages, the court arranges appropriate services for the youth through a community network of professionals and agencies. Some services are free; others are payable on a sliding scale. The diversion coordinator supervises each case and informs the police and court of the youth's progress. The coordinator maintains ongoing contact with assigned agencies for a minimum of four months or until each juvenile successfully completes the project. In addition to their individually determined drug prevention and treatment activities, all juveniles are required to participate in group meetings and individual counseling on substance abuse, self-esteem, HIV/AIDS, and peer relationships.

Juveniles are sometimes required to pay restitution to victims for damages or financial losses incurred as a result of their offenses. Payment schedules are set up and coordinated by the project. In 1990, the project collected and distributed over $14,000 in restitution. In some cases, diversion coordinators assist youth in securing part-time employment to permit successful payment.

The project may also require juveniles to perform community service, typically for 20 to 30 hours. The diversion coordinators establish and monitor all community service placements. This component allows youths to repay the community by engaging in meaningful community projects and to have positive experiences working cooperatively with others. The restitution and community service components allow for compensation to individual victims and the community and provide lessons in accountability for behavior.

If a juvenile successfully completes the project, his or her criminal charges are not brought to court, and he or she has no record of juvenile delinquency. Following a young person's completion of the project, the diversion coordinator arranges for additional evaluation and treatment services as requested by the family.

Funding and Staffing

The project's director, who has been with the project since 1983, manages the project from its central office in Salem. Other central office staff include a budget director, an assistant director, and two part-time midlevel staff members (a financial administrator and a personnel director).

A diversion coordinator is located at each of the project's six district courts. This person's primary responsibility is to establish a network of community professionals to provide services and supervision for young offenders. The diversion coordinator also conducts intake interviews; maintains all pertinent records for each case; and handles case management, advocacy, follow-up, and program assessment.

The diversion coordinator's location in district court buildings facilitates intervention in first-time offender cases brought before the court system. Every day, each diversion coordinator screens the juvenile court cases to be arraigned, then meets with assistant district attorneys, probation officers, and/or judges to advocate for beneficial courses of action for the youths and their families.

The project's funds--$161,000 in 1992--came from the state Department of Public Health (DPH) ($90,000), the Governor's Alliance Against Drugs ($34,000 in DFSCA Governor's funds), a state general fund ($32,000), and the district attorney's narcotic forfeiture account ($5,000).[2] The state government and the district attorney's offices finance all central office personnel except the assistant director, who is paid through DPH funds. The Governor's Alliance pays for one and one-half of the diversion coordinator positions, with the remaining positions paid through DPH.

Diversion coordinators, who have necessarily developed extensive networks of service professionals and agencies, have become valuable to police and school personnel as resources regarding substance abuse and treatment programs, referral procedures, and liability. In fiscal 1992, project staff trained prevention workers in the community to work in cooperation with the juvenile court system, and they trained local police to identify high-risk youth. Project staff also assist police and school systems with youth intervention in the county's 28 cities and towns, and they regularly give presentations at local schools on substance abuse prevention and school policy.

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[2]Activities supported with DFSCA funds are limited to drug prevention and other activities allowable under the DFSCA.

Evidence of Effectiveness

In fiscal 1991, 94 percent of juveniles entering the project completed it successfully. In bi-weekly reports, therapists reported that youths responded positively to the project; they decreased or eliminated their use of alcohol and other drugs and improved behavior at school and home. Many youths have even chosen to continue counseling after completing the diversion program. A primary measure of the project's effectiveness is the rate of recidivism of its participants. As of 1992, this rate was under 10 percent.

The number of youths diverted through the district courts has increased steadily over the years; countywide, the number grew from 167 in 1984 to 737 in 1991. This growth is evidence of the project's credibility and acceptance among law enforcement officials and community members. In fact, the diversion program serves more young people per year than any of the 43 other programs funded by the Department of Public Health.

Police in Salem report that they have received inquiries about the project from other counties wishing to participate. The officers hope to expand the project to two other counties. They also see a need for increased funding to provide additional services during summer months when schools are closed and youth tend to get into trouble.

Summary

The Essex County Juvenile Diversion Program began in 1980 as an alternative to the juvenile court system for first-time juvenile offenders who admit responsibility for their behaviors. Project staff provide multiple services to project participants through an extensive network of community service agencies and professionals. Services provided or arranged by the

project include youth and family assessment, group and individual counseling, individualized drug prevention and treatment activities, restitution, and community service. Nearly all of the juveniles who enter the project complete it successfully, and most do not become repeat offenders. Many participants decrease substance use, improve behavior at school and home, and voluntarily continue counseling sessions after completing the project.

YOUTH ALTERNATIVES

Cheyenne, Wyoming

Project Purpose: To decrease delinquent behavior and reduce the number of young people entering the juvenile justice system by providing preventive and rehabilitative services to troubled youth and their families

Funding:
Governor's DFSCA: $9,997 (1992)

Project Rationale

Youth Alternatives is a multiservice project for high-risk, troubled youth up to age 18. It seeks to decrease delinquent behavior and to reduce the number of youth entering the juvenile justice system by providing preventive and rehabilitative services to troubled youth and their families. Its activities, which are community-based and involve considerable volunteer efforts, are facilitated by the strong community orientation of Cheyenne's residents. The project's focus also reflects Cheyenne's alcohol and other drug problems, which follow the trends that exist throughout the state, with alcohol being the most frequently abused substance followed by tobacco and marijuana.

Participants, Services, and Activities

In its first year, 1971, the project served 203 young people; in 1990, the number had grown to 1,103; and in the first six months of 1991, the project served 554 youths. DFSCA

funds have permitted an increase in staff and an added focus on alcohol and other drug use. Participants in the project have ranged in age from 6 to 18, with 13 being the average age. To address the diverse needs of the participants, Youth Alternatives employs multiple components.

With the precourt diversion component, project counselors try to reach troubled youths referred by schools or parents before the youths get involved with the court system. About 39 percent of the young people referred to the project enter through precourt diversion. They serve home detention, perform community service, receive family crisis intervention, and/or participate in other project components.

Through the project's work alternatives component, the municipal court places young people in supervised work sites rather than imposing fines or jail sentences. During the first six months of 1991, 152 youths participated in work alternatives. For young people with severe behavior problems who would otherwise have been sent to residential facilities, the project provides community-based education and counseling services through its adolescent day treatment program. During the first six months of 1991, the project served 15 young people with this program.

The project provides several support groups and other group activities for youths and parents. These include (1) a group for junior and senior high school students, ages 13 to 18, that sponsors discussions and drug-free activities of interest to adolescents; (2) adventure-based counseling groups that use games and problem-solving activities to challenge the ways youths interact with each other; (3) a parents' support group; and (4) other programs for parents, including a stepfamily group, a single-parent household group, an anger-control group, and parenting instruction. The project also provides crisis and long-term counseling for individual

youths and their families facing substance use, family, school, peer, and communication problems. Some 200 youths received family crisis intervention and counseling in the first half of 1991.

Through its probation component, the project provides formal supervision to troubled youths for specified periods of time as set by the municipal courts. Some 32 percent of the young people served by the project are referred to it by the municipal courts. In the first half of 1991, 103 young people were placed on probation.

To address problems specifically related to alcohol use, the project uses DFSCA support to operate an alcohol prevention/intervention program whereby staff identify and counsel juveniles exhibiting high potential for alcoholism before they become involved with the courts or are sentenced. In the first half of 1991, 41 youths received alcohol prevention/intervention.

Funding and Staffing

In fiscal 1992 Youth Alternatives received $9,997 in DFSCA Governor's funds, which covered substance use prevention materials, training of volunteers to assist with prevention activities, and portions of the project coordinator's and secretary's salaries.[3] This sum was supplemented with community support, including money from the City of Cheyenne.

Youth Alternatives employs trained counselors who help determine the type of contact needed for each youth, but the project's backbone is its volunteer program, which selects and trains volunteers to lead recreational activities, tutor students, perform clerical work, plan

[3]Activities supported with DFSCA funds were limited to alcohol and other drug prevention and related activities allowable under the DFSCA.

projects, and provide individual assistance and group counseling to troubled youths. In fact, a group of volunteers, led by a contractor and architect who donated their services, were instrumental in a communitywide effort to build a new Youth Alternatives facility. In 1990, 90 volunteers donated 13,400 hours to Youth Alternatives.

The project also uses volunteers as mentors for young people in the Attention Home Crisis Center and the Healthy Infant/Capable Adolescent Project--two Governor's award recipients (discussed elsewhere in this report) that work closely with Youth Alternatives to alleviate alcohol, drug, and other youth-related problems in Cheyenne. Each mentor is encouraged to meet with his or her assigned youth for three to four hours every week. Collaborative efforts such as this are common in Wyoming because the state distributes relatively small grants to Governor's award recipients. By establishing collaborative relationships in which they share goals, resources, and/or target populations, projects can maximize the influence of available funds.

Staff at Youth Alternatives screen, train, and supervise all volunteers, and the project provides 24-hour backup help for volunteer mentors. According to project staff, volunteers are highly dedicated to the project's efforts. Many of them have served beyond their specified weekly commitments; they have taken children into their homes during emergencies, they have given time to appear in court on behalf of young offenders, they have visited youths during jail confinement, and they have provided support and consultation after suicide attempts.

Evidence of Effectiveness

To evaluate its services, the project surveyed 145 school personnel, social services employees, police officers, representatives from community agencies, and other individuals involved with the project. The overwhelming majority of respondents (93 percent) indicated that the project's benefits to the community were "above average to excellent," six percent indicated "average," and one percent said "below average to poor." Youths and parents also evaluated the project after completing its services. Nearly two-thirds of the parents (62 percent) responded that their children greatly benefitted from the project, and 76 percent of the parents indicated that they themselves greatly benefitted.

Because Cheyenne is a small, "close-knit" community that happens to be the state capital, the project director has ready access to the mayor, governor, and other prominent individuals--a factor that project staff partially credit for the success of the project. Project staff also credit the strong volunteer program for much of the project's effectiveness. Moreover, in 1990 President George Bush recognized Youth Alternatives for its outstanding volunteer achievements by designating it the 247th Daily Point of Light.

Summary

Youth Alternatives is a family-centered program that seeks to reduce delinquent behavior among young people and to prevent youths from entering the juvenile justice system in the small community of Cheyenne, Wyoming. To accomplish these objectives, the project provides numerous services: substance use prevention/intervention, probation, precourt diversion, work alternatives, group services, family crisis intervention, and adolescent day treatment. To carry

out its services, it relies heavily on volunteers drawn from the community. It also works cooperatively with other service agencies to broaden its impact on troubled young people. Individuals involved with Youth Alternatives view it as highly beneficial to the area's young people and their parents, and the project's achievements have been acknowledged by the President of the United States.

C. PROJECTS THAT TARGET TEEN PARENTS AND YOUNG CHILDREN

Overview

Two of the most highly at-risk groups targeted by some of the projects we visited are pregnant teens, parenting teens, their young children, and other children whose environments or circumstances place them at high risk for substance use and abuse problems. Such groups may be difficult to reach: many adolescents drop out of school after they become pregnant, and stigma may reduce their likelihood to seek support or needed services. Thus they are not "available" for prevention education. Similarly, family poverty, environmental influences, and other factors may make groups of young children particularly at risk.

A number of the projects we visited have targeted these groups for services, using Governor's DFSCA funds along with other resources to develop projects whose intent is to reduce risk factors and substance use, teach parenting and other skills needed to facilitate healthy lifestyles, and improve the likelihood that adolescents and children at high risk will develop the capacity to resist substance use and abuse. The Center for Adolescent Parents in Tucson, for example, provides child care, transportation, meals, and other supports to teen parents who have dropped out of school and have few skills or resources. This project provides substance prevention education, educational and vocational skills training, independent living assistance, and referral to community services, all intended to enable participants to break the cycle of poverty, neglect, and frequent abuse they have experienced. The Family Resource Center on the lower East Side in Manhattan serves pregnant and parenting teens, adult single-parent mothers,

and children by providing multiple services aimed at preventing substance use, in part through prevention education targeted at child care providers and other support agencies.

Other projects targeting teen parents (e.g., HICAP in Wyoming) provide day care and support services while requiring that participants remain in school or be working full time. One particularly interesting project is for preschool children in a low-income neighborhood in Tucson, which has waged an ongoing battle to rid the area of gangs and drug trafficking. This project requires parental involvement in training, forums, and support groups as a condition of their children's participation. Its effectiveness is suggested by the long waiting list for admission.

Other projects in this group have conducted evaluations showing their effectiveness with participants in improving self-esteem, reducing use of alcohol and other drugs, and resulting in substantial educational and employment gains. All have reported effectiveness in developing community linkages and networks that have helped to improve the prospects of both adolescent mothers and at-risk young children.

THE CENTER FOR ADOLESCENT PARENTS

Tucson, Arizona

Project Purpose: To assist teenage parents who have dropped out of high school in developing new strategies to maximize life options and healthy lifestyles through education, skill development, and community linkages

Funding:
Governor's DFSCA: $60,000

Project Rationale

The Center for Adolescent Parents (T.C.A.P.) is operated by the Tucson Association for Child Care, an organization that provides Pima County with a variety of child-care related services, including training of providers, services to parents and children, a hotline for latch-key children, and technical assistance in child-care related issues. Initiated in 1987, T.C.A.P. has provided child care, parenting skills training, alcohol and drug use prevention, GED and other educational and vocational services to more than 250 adolescent women and their children whose pregnancy and motherhood have resulted in dropping out of school. The project has a capacity of 20 participants; most remain in the project for about seven months, although some stay as long as a year and a half. All participants are required to work toward the general education development (GED) diploma and to take life skills training, along with other services that constitute the project's model. Among the project's objectives for participants are the following:

- To promote positive self-esteem and healthy lifestyles

- To provide the necessary skills leading to meaningful employment
- To cultivate the positive growth and development of children
- To strengthen family units
- To break the cycle of poverty faced by the adolescent parent
- To coordinate linkages with Pima County social services agencies and programs
- To improve literacy and educational success.

Participants, Services, and Activities

Pregnant or parenting teens between the ages of 16 and 19 who have dropped out of school[1] are referred to T.C.A.P. from a variety of local organizations, including schools, public health department, social services, the courts, and other community agencies. Participants represent many cultural groups; the 51 participants in 1991-92 were 35 percent white, 45 percent Hispanic, 13 percent black, 5 percent Native American, and 2 percent Asian. Three were married. Risk factors, based on the state's DFSCA guidelines, included the following:

▪ Children of substance abusers	69 percent
▪ Victims of physical, sexual, emotional abuse	43 percent
▪ School dropouts	100 percent
▪ Pregnant	100 percent
▪ Economically disadvantaged	100 percent
▪ Experienced chronic school failure	22 percent
▪ Have used drugs	63 percent
▪ Have drunk alcohol	49 percent

[1]Tucson Association for Child Care also operates school-based programs for parenting teens who are able to remain in school.

Participants attend T.C.A.P. four days per week, from 8 a.m. until 2 p.m. The project structures a variety of group and individual activities during that time, including GED or adult basic education, employability skills development, decisionmaking and independent living skills, parenting, substance use/abuse prevention, self-esteem and coping, communications skills development, and the like. The project's no-use prevention policy is infused into parenting, goal-setting, life skills, and counseling. The parenting activities, for example, address the impact of substances on children, while the life skills curriculum includes sections on resistance skills, coping with substance using/abusing parents and peers, and healthy alternatives to use of alcohol and other drugs.

All participants take the project's course in home maintenance and automobile repair, which teach them "survivability" skills like changing oil, making minor repairs around the home, and the like. They also work in the community repairing low-income or elderly housing. A specific focus is setting goals, with project staff working to teach participants to select and set realistic, reachable goals. The project has established an incentive system that rewards achievement of individual goals. Each participant receives free onsite child care, transportation, meals, and linkages to community services. They also receive counseling as needed.

A specific focus of the project is to teach mothers appropriate child care and parenting skills. At entry, mothers are videotaped interacting with their children. The staff then analyze the interactions and set up individualized parenting activities. One of the most important of these is teaching the mothers how to play with their children, based on a "Playful Parenting" curriculum.

According to project staff, in each cohort of 20 participants, one or two will probably drop out. One or two will remain but not progress, exhibiting poor attendance and low motivation. The remainder will be successful, as reflected by completion of the GED or at least a two grade level improvement in basic skills, and obtaining a part-time job or entering further training. As part of the project's services, participants undertake vocational interest and aptitude screening and then set vocational goals. These typically include career exploration activities, including visits to area businesses and community colleges and area vocational-technical schools.

The project encourages enrollment in further education following completion of the T.C.A.P. program. At the time of our visit, six recent graduates were attending community college (in such programs as environmental technology, nursing, medical technology) and four more were finishing the project and entering postsecondary education the next semester. According to the project director, most participants can obtain support for vocational training through JTPA or through a transition program that provides scholarships to youth who can maintain at least a C average. Of participants who do not enroll in training or education programs, many participants obtain jobs in child care.

To assist participants with other needs, the project has developed extensive linkages with other community sources and routinely refers participants to housing, health, mental health, and other needed services. Project data indicate that participants use an average of 3.2 community services during their stay at T.C.A.P.

Funding and Staffing

In addition to the DFSCA Governor's three-year grant, the project receives support from foundations, city and county funds, and other sources.[2] Activities supported with DFSCA funds are limited to alcohol and drug use prevention and related activities allowable under the DFSCA. The project director noted that obtaining adequate funding for the project is a continuing struggle. The demand for T.C.A.P. is high; the agency would like to establish additional programs in satellite locations closer to the areas from which they draw many participants. Funding constraints have not permitted them to implement this plan to date, however.

The project supports four full-time staff, including a director, life skills training instructor, parenting education instructor, and a community resource specialist. Other staff include persons who work in the nursery, which is open six hours per day for the four days a week that T.C.A.P. operates. The number of persons working in the nursery varies depending on the number of children. Additionally, an adult basic education instructor works on site at the project but is paid through the county's adult education program. Finally, a community block grant pays for the vocational instructor who teaches home maintenance and repair.

Evidence of Effectiveness

T.C.A.P. contracts with a local university-based expert to evaluate the effectiveness of the project. The evaluation addresses both process and outcomes. Included are measures of self-esteem and self-concept. Pre-post measures of health and chemical use, educational status, and

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[2]Activities supported with DFSCA funds are limited to alcohol and drug use prevention and related activities allowable under the DFSCA.

employment status were selected for analysis in the evaluation. The evaluation has reported positive findings for most measures. About 75 percent of participants experienced increases in self-esteem and self-concept. Drug use declined from entry to post-test. In terms of other outcomes, 13 participants entered postsecondary education, two returned to school, 10 obtained a GED, and nine obtained employment. In sum, 67 percent of participants achieved a positive educational or employment outcome as a result of participation in the project.

Summary

The Tucson Association for Child Care operates a wide range of projects and services whose broad intent is to improve the availability and quality of child care throughout the Pima County area. One such program targets adolescent mothers who have dropped out of school. The Center for Adolescent Parents provides a variety of educational, vocational, parenting, and personal services of participants, who typically complete the project's configuration of services in about seven months. In addition to the project's services, many participants are referred to other community services, whose broad intent is to assist these youth and their children to realize improvements in their current situations and longer term life options. The project's success is suggested by the evaluation's findings that drug use decreased and that a substantial majority of completers have gone on to further education or into good jobs.

THE FAMILY RESOURCE CENTER (FRC)

New York, New York

Project Purpose: To prevent substance use problems among young children of single and adolescent mothers through services to the mothers, the children, child care providers, and others who influence the lives of the mothers and their children

Funding:
Governor's DFSCA: $118,608, which is shared with a second site

Project Rationale

The Family Resource Center (FRC) is one of two sites at which the Women's Action Alliance has implemented its community-based prevention and early-intervention model program. The Women's Action Alliance is an organization that has created, tested, and implemented innovative project models addressing girls' and women's issues for nearly 20 years in New York City. According to its executive director, the Alliance took on the FRC project because of the great need to address the risk of substance use among young children and to confront alcohol and other drug prevention as a women's issue.

FRC, which is located on Manhattan's Lower East Side, serves pregnant and parenting teens, adult single-parent mothers, and their children up to age 12 (but predominantly of preschool age) by providing multiple services aimed at preventing substance use. In addition to serving parents and children directly, the project seeks to ensure consistent, supportive messages about alcohol and other drug use by working extensively with a range of people who affect the lives of the parents and children. These people include project staff, Head Start and preschool

teachers, and family day care providers. According to the project director, turnover among child care workers is a risk factor for young children who need the presence of stable adult relationships. The project, therefore, seeks also to provide support services to help keep quality caregivers in the business of day care.

Project staff reported that the Lower East Side, which covers about two square miles, is densely populated with ethnically and racially diverse individuals and has high rates of unemployment, teen pregnancy, and substance abuse. A large percentage of families have young children, and according to the project director, the high-risk environment in which they live puts all the children at risk for developing substance use problems. In fact, 95 percent of the parents and children served by FRC are considered to be at high risk of using alcohol and other drugs.

The project's specific, prevention-related goals include the following:

- To reduce the number of youth who are or may become addicted to alcohol and other drugs;
- To delay onset of substance use among children by working with mothers and other key persons who in turn will provide prevention education and support to children;
- To enhance the health, welfare, and quality of life for adolescent and adult single parents and their children who are at risk for alcohol and other drug problems; and
- To form a network with organizations and agencies that focus on preventing substance use problems in children and youth.

Participants, Services, and Activities

FRC annually serves 1,300 low-income, primarily Hispanic and black families and 75 family day care providers. Participants learn of the project through word of mouth and through

the project's outreach activities. For example, FRC periodically distributes flyers about specific programs throughout the community and to people on its mailing list, as well as 4,000 copies of a free, bilingual newsletter for parents. The newsletter includes articles on alcohol and other drugs, material on child-rearing, descriptions of project activities and services, and information about community resources.

FRC's Multiservice System

FRC uses a multiservice approach to accomplish its substance use prevention goals: (1) it integrates its focus on alcohol and other drugs into all project services and activities; (2) it provides extensive training to staff and community caregivers; and (3) it provides classes and support groups on substance abuse prevention to adolescents and adult single-parent mothers.

Child Care Information, Referral, and Counseling. The project first provides clients with information on child care options (day care centers, Head Start, preschools, and the like), then helps them choose the types of care that best suit their needs, and finally gives them application forms for the chosen services. After parents have obtained child care, project staff remain available to help them solve problems they may encounter with their child care arrangements. For adolescent parents, FRC subsidizes the cost of child care services in an effort to reduce the stress associated with poverty and single parenthood.

Family Day Care Network. FRC recruits, screens, and visits people who wish to operate family day care businesses in their homes. The project provides the caregivers with an orientation to the project and its mission, assistance with state registration procedures, training in alcohol and other drug prevention, parent referrals, and ongoing guidance and support. The

project maintains close contact with home care providers, and staff members confront any whom they suspect of substance abuse in their homes.

Family Room. FRC's Family Room is a "home away from home"--a place where parents and caregivers can go to relieve the isolation of being home alone with infants and toddlers. Parents and caregivers can relax and interact informally with other adults in a living room-like atmosphere that is free of substance use while children play in a specially designed learning environment, which includes a large outdoor play roof. In addition to drop-in play times, the Family Room regularly offers structured activities for the adults and children. The project charges small fees to use the Family Room and to participate in its activities.

Woman to Woman. Woman to Woman is a support group designed to help women increase their coping abilities through sharing of ideas and experiences and exploration of alternatives and choices in their lives. Issues addressed in the confidential discussions include substance use and resistance skills, parenting, relationships, codependency, and domestic violence. The support group was originally advertised "for women whose lives are affected by drugs or alcohol." Project staff broadened the group's focus, however, to attract women who may have felt threatened by the direct reference to substance abuse.

The project provides child care to women attending the group's sessions, which meet one evening each week and are free of charge. A social worker, who is bilingual in English and Spanish, facilitates the group. On occasion, the group holds special alcohol- and drug-free activities, such as holiday parties, for parents and children.

Single Mothers' Group. FRC offers a weekly support and discussion group focusing on the special needs (including needs related to substance use prevention and problems) of single

mothers of children up to age eight. This group is led by an English-speaking social worker. The project provides child care for participants of the group and suggests that they each donate $5.00 per session.

Individual Counseling and Referrals. Parents and child care providers can call or meet directly with a project social worker to discuss concerns about substance abuse, child-rearing, personal development, or other issues affecting their well-being or the well-being of children in their care. The social worker refers women who need assistance with housing, food, or other urgent matters to appropriate agencies in the community--FRC participates in an extensive network of community-based organizations that provide bilingual and bicultural services to families in the area.

"For Children Only" Thrift Shop. FRC accepts tax-deductible donations of clean clothing, toys, books, furniture, and other items for children up to age six. Project staff sell the items to parents and day care providers in the project's thrift shop, which is open four days and one evening each week. The income from the shop's sales support the other FRC services.

Classes and Workshops. The project offers classes on alcohol and other drug prevention to community day care providers and adult single-parent women. Class topics include communicating with children about alcohol and other drugs; recognizing the effects that substance use has on families--women and children in particular; parenting effectively; and coping with stress without relying on alcohol and other drugs. The project supplements the classes with printed handouts, suggested exercises, and resource lists.

Project staff recently implemented classes for pregnant adolescents and teen mothers. The project director told us that an effective way to reach adolescents is through activities such

as sports and crafts. Occasionally, the project holds classes specifically for young fathers. Staff also participate in and cosponsor workshops on substance use issues with the Women's Action Alliance and other community-based organizations, clubs, and technical schools. Some of these workshops are for teachers and parents of older children.

Training of Day Care Providers and Project Staff. The project provides extensive training and support to its staff and to community child care providers. The project considers the training of staff and child care workers as critical to integrating drug and alcohol prevention across all project activities. According to FRC's director, in the early stages of the project, staff focused on providing information and increasing awareness about alcohol and other drug problems; now the project has turned its focus to skills that care providers and staff can use for substance use prevention and intervention.

The project trains its entire staff, including support personnel, because it has found that adolescents and others seeking information and support rarely select the people in whom they confide based on job title; rather, they choose someone they think cares about them. The topics of staff training include alcohol and other drug information and prevention; the influence of cultural factors on substance use; identification of substance users; strategies for approaching and working with adolescents who use alcohol and other drugs; and ways to help chemically dependent families. To assess the effectiveness of staff training, all staff take pre- and post-tests.

Funding and Staffing

For the period beginning April 1, 1991, and ending March 31, 1992, the Women's Action Alliance received a DFSCA Governor's award of $118,608, which it divided between the

FRC project and its other community-based prevention and early-intervention site.[3] For FRC, the DFSCA award is one of several funding sources, which include charitable contributions from concerned citizens, foundations, businesses, and organizations.

Including the project director, FRC has seven full-time staff members; several are social workers and several others are VISTA (Volunteers in Service to America) volunteers. Staff of the Women's Action Alliance are available to assist the project, and a development consultant helps the project with fundraising. According to the director, many of FRC's staff are single parents who, like their clients, are subjected to the stresses of racism, sexism, poverty, and raising one or more children without a partner.

Evidence of Effectiveness

Women's Action Alliance and FRC staff reported that FRC is seen in the community as being in the forefront of substance use prevention work with women and their children. In particular, the project has successfully bolstered and established linkages with key community-based agencies that serve women and children. It also has successfully delivered a consistent prevention message to adolescent and adult single parents and other care providers who have a major impact on the lives of children at risk of developing alcohol and other drug problems. Reportedly, the project has been quite successful in sensitizing staff to the profound ways in which substance use contributes to the multiple problems their clients confront daily, and it has generated among staff a deep commitment to helping the participants cope with the real stresses

[3]Activities supported with DFSCA funds are limited to substance use prevention and other activities allowable under the DFSCA.

in their lives without turning to alcohol or other drugs. A representative of the Women's Action Alliance told us that because of FRC's great success, the project will likely be able to continue on its own in the near future, allowing the Alliance to use its funds to open a new project site.

Summary

The Family Resource Center is a community-based prevention and early intervention project operated by the Women's Action Alliance of New York City. The project's primary mission is to improve the quality of children's lives and to help them resist societal pressures to use alcohol and other drugs primarily through extensive work with their parents, many of whom are adolescents and single parents, and community child care providers, who in turn provide children with consistent, supportive messages. The project incorporates the alcohol and drug prevention focus into all aspects of its multiservice delivery system to families on the Lower East Side of Manhattan. Its comprehensive program includes child care information and referral, counseling, parent support services, activities for young children, and training and support services for family day care providers. The project is reported to be effective in addressing the alcohol and other drug issues facing its target population and is viewed as an exemplary model for substance use prevention.

HEALTHY INFANT/CAPABLE ADOLESCENT PROJECT (HICAP)

Cheyenne, Wyoming

Project Purpose: To assist pregnant adolescents and teen mothers by using a multicomponent approach to reducing substance use, promoting comprehensive service delivery, improving the health of infants, preventing recurrent pregnancies, and decreasing reliance on public assistance.

Funding:
Governor's DFSCA: $29,000

Project Rationale

The Healthy Infant/Capable Adolescent Project (HICAP) serves pregnant adolescents and teen parents in Laramie County, Wyoming, who are at risk for developing or already are experiencing substance use problems. The project's goals include the following:

- To decrease the use of alcohol and other drugs among pregnant adolescents and teenage mothers;
- To promote the coordinated delivery of comprehensive services to substance-abusing pregnant adolescents and new young mothers and their infants;
- To improve the health of infants born to adolescents who are at high risk of using or have used alcohol or other drugs during pregnancy;
- To decrease the number of high-risk adolescents who have recurrent pregnancies before age 20; and
- To decrease the number of teenage mothers receiving public assistance in Laramie County.

According to project materials, between 1987 and 1989, adolescents parented 46.6 out of every 1,000 live births in Wyoming, giving the state a third-place ranking with respect to

teenage births nationwide. Moreover, Laramie County had the greatest percentage of teenage pregnancies in the state. Research indicates that alcohol and other drug use may be predisposing factors for sexual activity and unprotected intercourse. According to the 1991 Wyoming Youth Risk Behavior and School Health Education Survey, of the high school seniors who reported having sexual intercourse (52.9 percent), 46.6 percent indicated they had used alcohol or other drugs before their most recent act of intercourse. Some 12.9 percent of the females reported having been pregnant, and 10.6 percent of the males reported having contributed to a pregnancy. Project staff believe these figures are cause for concern because adolescent parents are at higher risk of abusing alcohol and other drugs than are their nonparenting peers.

Participants, Services, and Activities

The HICAP project serves pregnant adolescents and teen parents who are between the ages of 11 and 19, with special emphasis on those with low incomes. The components of the HICAP project are as follows.

Prevention/Intervention

A part-time social case manager works with pregnant adolescents, adolescent mothers, and youth at high risk of pregnancy; the project also encourages prospective fathers to participate. The case manager leads alcohol- and other drug-related counseling groups for adolescent parents, and interviews pregnant students to determine the presence of alcohol- or other drug-related or codependency problems. In addition, the project provides clients with

other services, such as clinical dependency treatment, abstinence support groups, and referral to human service agencies.

This component also includes a prevention curriculum, developed by HICAP staff, which deals with the effects of alcohol consumption or other drug use by the mother on her fetus and infant. The local school district has added this curriculum to its drug prevention program, and community agencies use the curriculum with teen clients.

Outreach Services

The case manager contacts students who have dropped out of school because of pregnancy, encourages them to reenroll, and informs them of the support available to them through the project. Project staff publish newsletters and other informative materials for clients and hold seminars, sometimes involving other agencies, to increase awareness of services available to pregnant teens and young parents and to recommend courses of action (including abstinence from substance use) for assuring the health and safety of clients and their children.

Infant/Child Day Care Center

The Infant/Child Day Care Center enables young mothers to remain in school and work toward graduation and serves as a child care laboratory. The day care center, which is easily accessible to secondary schools in the district, accommodates 20 infants from age 2 weeks to 24 months. The laboratory provides seminars and observation of infant development for pregnant adolescents, parents, school classes, and other youth groups. The center uses a curriculum designed for infant development, and teens who interact with infants as part of lab experiences

are supervised and coached by a head teacher. The center is managed by Cheyenne Child Care Centers, a nationally accredited, nonprofit agency that provides affordable, early childhood education services to low-income families.

Educational/Vocational Services

Adolescent mothers whose babies are in the Infant/Child Day Care Center are required to attend a high school in the district and to work toward graduation. They are also required to participate in classes offered by HICAP focusing on health, nutrition, financial management, job skills, and other skills. A certified teacher, provided by the local school district, teaches classes, and health care professionals from the Department of Public Health and from the Cheyenne Children's Clinic regularly conduct seminars.

Funding and Staffing

The project annually receives $29,000 in DFSCA Governor's funds, which pays for a portion of the social case manager's salary and substance use prevention services and other activities allowable under the DFSCA. Another $143,790 comes from community sources. The project director reported that because the project is dependent on outside support, it must seek funding sources on an ongoing basis. The director told us that the community as a whole has been very supportive of the project, often providing materials and labor to help the project accomplish goals. The Kiwanis Club is donating the labor to build a new facility for the day care center, which, according to the director, is needed to meet the high demand for services; currently HICAP has space for only one-sixth of the teen parents needing services.

The project staff includes a director, a case manager (social worker), a full-time teacher, a part-time assistant teacher, and several volunteers who assist with the infants. The Advisory Board, which meets once each month, is made up of representatives from the city's Health Department, medical community, Department of Family Services, County Extension Office, and school district.

Evidence of Effectiveness

In December 1991, the project opened its day care center to five children. By March 1992, when the day care center held its grand opening, the number of infants enrolled had grown to 12. In addition to tracking attendance and dropout rates as indicators of component success or failure, the project plans to conduct evaluations of its various program areas to determine their effects on practices related to alcohol and other drug use and family health.

According to one of the teen parents and to a school district administrator, the project is critical to young parents who are unable to pay the high costs of quality child care. They stressed that without the project, many teen parents would have to drop out of school to care for their children, posing problems for the individuals and for society. To increase its effectiveness, the project plans to provide more education in public schools, increase community awareness, and increase administrative staff.

Summary

The Healthy Infant/Capable Adolescent Project (HICAP), located in Cheyenne, Wyoming, serves low-income, pregnant adolescents and teen parents, ages 11 to 19, in Laramie

County. For its clients, who are at high risk for using and abusing alcohol and other drugs, the project aims to decrease substance use, promote delivery of comprehensive human services, increase the number of infants born with good health, prevent repeated pregnancies, and reduce reliance on public assistance. The project's components include substance use prevention and intervention, outreach activities, a day care center, and educational and vocational services.

According to people involved in HICAP activities, the project is vital to keeping the community's adolescent parents in school. Consequently, HICAP is growing to meet the demand for its services. The project is building a new facility to increase its child care capacity, and it plans to take other measures to expand its services and improve its effectiveness.

VIDAS DE VALOR
CHILD AND FAMILY CENTER

Tucson, Arizona

Project Purpose:	To provide substance use prevention education to young children and their families who live in a low-income, high-risk community
Funding:	
Governor's DFSCA:	$187,000, which is shared with a second project

Project Rationale

CODAC (Community Organization for Drug Abuse Control) Behavioral Health Services founded Vidas de Valor, which translates to "Lives of Courage," when it received a DFSCA Governor's award in 1990. CODAC Behavioral Health Services is a private, nonprofit organization that serves residents of all ages in Pima County, Arizona. Its mission is to decrease substance abuse by providing an array of culturally sensitive alcohol and other drug prevention, education, and treatment services relevant to the needs of Pima County residents.

CODAC's Vidas de Valor project serves a south central Tucson neighborhood, which CODAC targeted based on a needs assessment of services in Tucson and an Arizona State University study of community risk factors associated with alcohol and other drug use. The community is an area of abundant crime, poverty, and gang activity and is viewed as increasing the children's risk for eventual substance abuse. According to project staff, families of enrolled children live in unstable, sometimes dangerous, circumstances and experience many major

stressful events. In fact, the project holds its classes in a community center that was previously taken over by gangs and had to be physically taken back by police and community members.

The project is based on the philosophy that children at a young age can learn healthy ways to solve problems and difficulties, that the time to promote children's learning about themselves and their health is in their early years, that parents are children's principal teachers and home is the most natural place for children to learn, that all parents need to learn good parenting skills, and that parents benefit greatly from support from other parents. In keeping with this philosophy, the project has six primary goals:

1. Operate a year-round program in a low-income, high ethnic minority community to provide early prevention, education, and intervention services to preschool-age children who are subjected to factors that put them at high risk for future substance abuse and other dysfunctional behaviors.

2. Improve self-concept, self-esteem, sense of competency, socialization, communication, and other life-coping skills among participating children.

3. Enhance the parenting skills of the children's parents and primary caregivers, thereby improving their family dynamics.

4. Improve children's home environments through family outreach activities.

5. Conduct community education and promote community involvement to advance the concept of early prevention and intervention with high-risk children and to generate support for, and participation in, the project.

6. Ensure the effectiveness and acceptability of project services to families of participating children.

Participants, Services, and Activities

Preschool Education and Prevention Program

For five hours three days a week, the project conducts a class of up to 20 high-risk children, ages three to five. Day care providers, community and government agencies, and preschool teachers refer children to the project.

The project uses a structured daily schedule to help children feel "secure and comfortable." The schedule includes periods for welcoming participants, child-directed play, structured learning activities, outside play, stories, rest, lunch, and snacks. Learning activities are taken from a preschool substance use prevention curriculum designed to help children explore their individuality, communicate their feelings, form friendships, solve conflicts cooperatively, and make choices for healthy living.

To supplement the regular daily schedule, the project periodically offers special events such as field trips and guest speakers that reinforce nondrug-use behaviors and resistance skills. In particular, the project conducts monthly field trips that allow children to apply material learned in class to real-life situations. For example, staff take the children to grocery stores where they learn to select, and have the opportunity to taste, healthy and ethnically diverse foods that they learned about in nutrition activities. Staff also take children to visit the public library to prepare them for advancing to kindergarten and elementary school.

During the summer of 1992, the project had the opportunity to conduct a special mural-painting activity. Under the direction of a known muralist, and funded through a $5,000 grant from the Tucson Community Foundation, children and adults painted scenes from African-

American and Hispanic cultures. To recognize and celebrate participants' achievements and to increase the children's sense of competency and self-esteem, the project also holds an annual graduation ceremony.

Family Involvement

Family involvement is a major component of Vidas de Valor efforts because the project views parents and families as exerting great influence on the choices children make later in life about alcohol and drugs. In particular, as described in the sections below, the project seeks to develop parenting skills through monthly home visits by staff, monthly parent forums, parent education workshops, and assistance with family concerns. When children enter the project, parents receive an orientation package and complete a parent/family participation agreement in which they agree to take part in forums and workshops.

Home Visits. Vidas de Valor teaching staff make semimonthly visits to participants' homes to inform parents and caregivers of the skills their children have learned in class and to model nondrug-use behaviors. The staff bring family home activity kits designed to reinforce concepts children have been taught in class and to promote positive family interactions. Staff conduct the activities with all willing family members and model instructional methods to parents. Recent activity topics have included nutrition and health, and in keeping with the theme of reading introduced during the project's library trips, the teachers have demonstrated interactive reading skills to parents and caregivers. Children recently created posters about themselves, which were later displayed at the graduation celebration.

Family Support. A family resource specialist visits families as needed to assess material necessities, such as food, clothing, and financial assistance; to help families find services to enrich family life, to prevent and intervene with substance use problems, and to meet basic needs; and to support families during crisis situations, such as those related to substance abuse. The specialist also provides families with transportation on an as-needed, first-come-first-served basis for necessary excursions, such as trips to medical and mental health facilities, trips to the food bank, and visits to secure entitlements and community-based assistance.

Parent Forums. Project staff facilitate monthly forums designed to provide support and encouragement to and address the needs of parents. Participants exchange ideas and discuss topics of mutual interest, which they identify together. Issues discussed relate to substance use prevention and intervention, parenting, family interactions, relationships, and other family concerns. During the forums parents have the opportunity to determine topics to be covered in training workshops. Parent attendance at the forums is a requirement for children to continue attending the preschool sessions.

Parent Training Workshops. Parents attend a series of parent training workshops designed to help them gain knowledge and skills to improve their family circumstances. Every year, the project offers two workshop series, each consisting of several sessions; parent attendance is required at only one of the workshop series. Project staff develop workshop topics based on input collected during parent forums. Past topics have included specific problems associated with alcohol and other drug use, personal self-discovery and growth, coping with stress, discipline techniques, nutrition, and building self-esteem through employment.

Other Parent Activities. The project invites parents to participate in its special events. In fact, several parents regularly attend the class field trips. At its graduation ceremonies, the project recognizes parents' efforts by presenting certificates for participation in forums and training workshops. Each year, a number of parents receive special recognition certificates; some of them go on to assist in the orientation of new parents and to serve as parent forum co-facilitators the following year.

Community Outreach

The project conducts outreach activities to increase community awareness of the need, and generate support, for drug prevention and intervention at the preschool level. Staff give presentations to religious leaders and church groups, service clubs, business organizations, neighborhood associations, political leaders and groups, teachers and school administrators, and other civic and community organizations that have ties to the community. Project staff hope to increase the community's awareness of the risks facing young children and motivate neighborhood residents and organizations to improve the children's lives.

Funding and Staffing

CODAC received $187,000 in DFSCA Governor's funds in fiscal 1992, which it divided among the Vidas de Valor project and an elementary school prevention project.[4] CODAC

[4]Activities supported with DFSCA funds are limited to drug prevention and other activities allowable under the DFSCA.

receives additional funding from a number of sources. One contributor, the Tucson Urban League, provides additional funds (and staff support) for the Vidas de Valor project.

The project's staff includes a director of prevention services, a coordinator of community-based services, three teachers, and a family resource specialist. The project's teachers speak English and Spanish fluently. Staff regularly receive in-service training; topics include prevention theory and research, child development, relationships with parents, cultural practices, sensitivity to cultural differences, and health and safety measures.

To complement its paid staff, the project recruits and trains two senior citizen volunteers to spend time with the children each week for the purpose of promoting an understanding and appreciation of the children's ethnic and cultural heritage and to create a link between very young children and experienced senior citizens. The volunteers tell stories and conduct cultural activities designed to teach children from diverse ethnic backgrounds to respect different cultures and to respect themselves.

Evidence of Effectiveness

In 1990, when the project was first established, CODAC employees canvassed the target community to recruit the first participants of Vidas de Valor. Today the project is at capacity, and consistently has a waiting list. Project staff reported that Vidas de Valor has gained a considerable reputation as a successful and innovative preschool program and has even attracted attention and applicants from areas beyond the community it serves.

The project has an outside evaluator who is conducting a formal evaluation of student progress in self-concept, communication and adaptive skills, problem solving, and identification

of alternative solutions to real-life difficulties. According to the project's director, the children are learning to identify and deal with their feelings and to handle the stresses in their lives, and parents are improving their parenting skills.

The director reported that parents are exceptionally eager to become involved in project activities in an attempt to improve their children's lives and to further reclaim their neighborhood from crime and gang activity. Some 90 to 95 percent of parents participated in forums and workshops in 1992--a figure that exceeded the project's objectives and expectations. Staff also indicated that since the project opened, community residents have taken charge of more community activities and area drug traffic has decreased.

Project staff conducted parent interviews to determine parents' satisfaction with the project. The interviews revealed much enthusiasm among parents, some of whom suggested expanding the operation to five days per week and allowing children to remain in the project past their preschool years. According to the project director, however, additional funding would be necessary to implement these suggestions.

Project staff reported that Vidas de Valor is increasingly gaining the attention of public officials and the community at large, offering opportunities to publicly discuss the project's activities and to increase awareness of the need for services to young children, particularly those in low-income and high-risk areas. In fact, the project's 1992 graduation celebration attracted a large crowd of area residents and community leaders and was the subject of a front-page article in the local newspaper.

Summary

The Vidas de Valor Child and Family Center is a multidimensional project that provides substance use prevention services to low-income preschool children and their families in a low-income, high-risk area of south central Tucson. The project offers year-round activities, designed to improve self-esteem and life-coping skills of a maximum class size of 20 children. Parents participate in interactive parent forums where they share ideas and concerns and identify topics for parenting skills workshops. Project staff conduct home activities with children and their families and provide families with transportation for urgent trips. Community acceptance and support for Vidas de Valor has grown tremendously since the project's creation in 1990. Project staff hope to continue raising community awareness and increasing neighborhood action targeting the plight of high-risk children and their families.

CHILDREN LEARNING ABOUT SUBSTANCE PREVENTION (CLASP)

Rock Springs, Wyoming

Project Purpose: To prevent children from using alcohol and other drugs through participation in constructive after-school activities and substance use prevention education

Funding:
Governor's DFSCA: $16,000

Project Rationale

CLASP (Children Learning About Substance Prevention) is an after-school project for "latchkey" children in Rock Springs, Wyoming, a town with 19,000 mostly blue-collar residents. The project is a response to recommendations from a task force formed in 1988 to assess the extent of alcohol- and other drug-related problems in the community. The group determined that 76 percent of the children in the Rock Springs area could be considered at high risk for developing alcohol- or other drug-related problems. Risk factors included the area's high divorce rate, the frequency with which children must remain at home unsupervised while parents work, and peer pressure from the high number of Rock Springs youth who already use alcohol and other drugs.

The task force, comprising public and private company representatives, counselors, teachers, parents, and other community members, designed the project after conducting needs assessments and research on other effective programs in the area. The task force determined that many of the area's parents work and cannot be home when children get out of school.

Consequently, it developed the project to provide a safe environment with structured, positive activities for children who would be subject to the loneliness and fear of self-care, making them vulnerable to using alcohol and other drugs.

Participants, Services, and Activities

CLASP serves 30 to 35 children, in kindergarten through grade 6, by transporting them from their regular schools to a centrally located elementary school to participate in project activities at the end each school day. To qualify for the project, the children must have parents who are full-time students or have full-time jobs. In addition to playing games, working on their homework, being tutored by an activity leader, or participating in group reading or peer tutoring, the children spend a half-hour daily in group activities or discussions specifically designed to prevent them from using alcohol and other drugs. For these activities and discussions, the project uses a substance use prevention curriculum that addresses peer and other social pressures, flawed information that children receive about the effects of alcohol and other drugs, and resistance skills.

The project staff have expressed interest in adding an evening alcohol and drug education component for parents and a family science project on which parents and children could work together one evening each month. Staff believe these added components would help create a stronger family focus and would provide additional drug-free activities for children, as well as parents.

Funding and Staffing

The project is funded through DFSCA, the YWCA, and community donations.[5] Also, parents pay up to $30 per month per child, depending on their financial circumstances. In fiscal 1992 the project received $16,000 in DFSCA Governor's funds, which paid for one staff position. Project staff include the director and two project assistants. In addition to directing the project and leading activities, the director teaches substance use prevention at a local elementary school. The task force, which was instrumental in the project's development, now serves as the official Advisory Council for the project.

Evidence of Effectiveness

The project staff conducted a satisfaction survey of children and parents, which reportedly yielded positive, supportive feedback about the project. The staff are also planning to conduct an evaluation that will involve contacting each child's teacher to assess changes in academic performance.

According to the parents we interviewed, the project is effectively meeting their children's needs. In particular, many parents praised the project for providing an opportunity for their children to learn substance use resistance skills. Other aspects of the project that parents applauded were the low cost of participating; the supervised, constructive activities; the staff, who parents believe serve as positive role models; the quality social interaction with peers; and

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[5]Activities supported with DFSCA funds are limited to prevention and other activities allowable under the DFSCA.

the safety factor--children are picked up from school and taken to the project rather than staying at home alone or wandering idly around town.

Summary

CLASP, or Children Learning About Substance Prevention, provides after-school activities and substance use prevention education to latchkey children who are in kindergarten through grade 6. A task force of community representatives started the project in Rock Springs, Wyoming, after determining that a great majority of the area's children were at risk for using alcohol and other drugs. Now, at the end of each school day, the project provides transportation to a centrally located elementary school where children, whose parents work or attend school full time, participate in substance use prevention exercises and discussions and other structured activities. Feedback from parents and children has been overwhelmingly positive. Project staff plan to contact participants' teachers about the effects the project is having on school performance. The staff, who openly seek suggestions for project improvement, hope to expand the project to include family-oriented components.

D. PROJECTS THAT TARGET RACIAL OR ETHNIC MINORITIES

Overview

Several of the states we visited have used some of the Governor's DFSCA funds in attempts to reach at-risk youth who are members of specific racial or ethnic minorities. Often, these projects attempt to base prevention efforts in culturally relevant activities that have potential to improve individuals' sense of identity and self-worth. For example, Earn Your Feather in rural eastern North Carolina targets high-risk Native American youth. Activities undertaken by this project includes use of culturally relevant materials and activities whose intent is to teach cultural traditions and provide youth with a grounding that emphasizes resistance to substance abuse.

Other projects that target specific youth include one whose focus is Hmong immigrant children, a skillstreaming project that targets inner city youth of Appalachian descent, and a sequenced set of projects that targets black youth of varying ages in Raleigh, North Carolina. Located in several sites in the Minneapolis-St. Paul area, the Hmong Youth Pride project has adapted activities developed for Native American youth, including cultural activities, academic tutor-mentors drawn from the area's population of Hmong college students, and field trips, to reduce adolescent crime and substance use among this group. The skillstreaming project has adapted an available curriculum whose purpose is to assist young people in developing social skills. The project focuses on communication, assertiveness, resistance to peer pressure, and career exploration, among other topics. The specific intent is to provide at-risk school dropouts

with resources, including substance abuse resistance skills, that will improve their ability to succeed as adults.

Most of these projects serve youth who have dropped out of school or are having difficulty succeeding in the school environment. A general intent of each is to provide youth with the values, skills, and knowledge that will facilitate their integration in the community and specifically will reduce the likelihood that they will develop substance use and abuse problems that are likely to militate against that integration.

For the most part, evidence of the effectiveness of these projects has been largely anecdotal, though both staff and youth and their families attribute substantial benefits to participation, including changing attitudes toward alcohol, improving employment prospects, and reducing criminal behavior. A mother, for example, believed that the Appalachian youth skillstreaming project had saved her son's life, while another commented on improvements in her daughter's attitudes and grades, as evidence of the project's effectiveness.

HMONG YOUTH PRIDE

St. Paul, Minnesota

Project Purpose: To reduce juvenile crime and substance use among Hmong youth through participation in cultural and educational activities and mentoring relationships

Funding:
Governor's DFSCA: $30,000

Project Rationale

Hmong Youth Pride is an after-school program designed to prevent crime and the use of alcohol and other drugs. It serves fourth- through eighth-graders who live in public housing in St. Paul and are from the Hmong community. The Hmong, an Asian people who originated in China but subsequently settled in Laos and Thailand, aided the U.S. war effort in Vietnam. After the war, 100,000 Hmong refugees were resettled in the United States, one-fifth of them in St. Paul.

According to project staff, the Hmong people have not adapted well to the American way of life. Their population is expanding at a phenomenal rate (Hmong women typically marry at about age 16 and have 10 or more children), and more than 90 percent live in poverty. In addition, Southeast Asian refugees occupy 75 percent of St. Paul's public housing, and less than a third of the households have one member of the family who works.

The Hmong in Asia had a tradition of using opium as a folk medicine and as a minor social activity, as well as a major source of income. Alcohol, primarily homemade rice whiskey,

was also an important part of social occasions such as weddings and harvest celebrations. Project staff say the cultural alienation and poverty among Hmong people in St. Paul is contributing to ever-increasing rates of alcohol and other drug use among Hmong youth.

Hmong Youth Pride grew out of a need recognized by the community to educate late-elementary and junior high Hmong students about drug and crime prevention. These students often experience low self-esteem, poor family communication, conflicting cultural values, and poor educational and career awareness. They also have difficulty in school because of language and skill differences. Project staff seek to give the youth a sense of pride in being Hmong while working to prevent their involvement in crime and substance use.

The project, which holds its sessions in the recreation centers of public housing neighborhoods, opened at a St. Paul site in 1992, expanded to two sites during the summer, and by January 1993 was to have four sites in St. Paul and one in Minneapolis. The project supports the state's philosophy of encouraging innovative community-based projects that address the needs of diverse populations.

Participants, Services, and Activities

Modeled after programs for American Indians, the project infuses substance use and crime prevention across activities such as field trips, cultural activities, and academic tutoring by mentors. According to project staff, the volunteer mentors are often Hmong college students who are proud to serve as drug-free role models for young Hmong children. Guest speakers teach the prevention of alcohol and other drug use. The project's 10-week sessions, which are ongoing throughout the year, are open to anyone who wants to attend, and all activities are

presented in English and Hmong. On occasion the project gets non-Hmong visitors, but they seldom become regular participants.

Project staff encourage youth to remain in the project by offering different activities with each new session. After each 10-week session, the youth have an opportunity to give feedback about their likes, dislikes, and recommended changes to project activities. The project staff consider these suggestions as they plan subsequent sessions. To further motivate youth to attend sessions, the project operates an incentive system by which participants can earn points for active involvement and attendance. The youth can trade their points for material rewards and trips.

Project staff recruit participants by posting fliers and by approaching parents at their homes or during school conferences. Attendance at project activities varies, reportedly depending on competing family responsibilities--Hmong youth often care for younger siblings. Participants often bring their younger siblings to project activities; as a result, 15 to 30 young people, ranging in age from four to 15, may attend any given session. On average, 115 youth attended Hmong Youth Pride programs each quarter in 1992.

Our researchers attended two sessions at two different Hmong Youth Pride sites. At each, the same guest speaker--an outreach worker for Hmong American Partnership (HAP) who is a student at a local university--told about his experiences with alcohol abuse, gang membership, and time in jail. He cautioned the youth against getting involved with "bad friends" and against using alcohol and other drugs. Following his presentation the group saw a 20-minute videotape about the danger of using drugs to escape their problems. Then mentors led small-group discussions on the use of alcohol and other drugs, peer pressure, and resistance

skills. The mentors also stressed the importance of doing well in school and of appreciating the Hmong culture, language, and traditions.

Getting the parents involved has proved difficult; the youth resist the staff's efforts to meet parents. Project staff told us that the young people are sometimes ashamed of their parents (whose cultural differences are readily apparent because they did not grow up in the United States) and do not wish to have staff meet them. Also, Hmong children are often angry with their parents because they see themselves as having more responsibilities and restrictions than their non-Hmong peers.

The project has recently established an advisory committee, which includes youth representatives from each site. Project staff are considering changing the project's meeting locations to the schools, which parents believe are safer and less crowded than the recreation centers. Staff believe such a move would also improve communication with teachers, fostering an exchange of ideas about how best to help the Hmong students.

Funding and Staffing

Hmong Youth Pride is one of several projects operated by HAP, in partnership with the Wilder Foundation Social Adjustment Program for Refugees. HAP is a Hmong community organization, founded in 1990 as a cross-cultural organization to improve economic self-sufficiency and to support Hmong youth and families. In 1992, Hmong Youth Pride received $145,000 from HAP and the Wilder Foundation and $30,000 from DFSCA Governor's funds.[1]

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[1]Activities supported with DFSCA funds were limited to prevention and other activities allowable under the DFSCA.

The staff for Hmong Youth Pride consists of one full-time program assistant; a half-time director; three part-time project managers; and three quarter-time positions of parent coordinator, mentor coordinator, and evaluation liaison. In addition to Hmong Youth Pride, HAP sponsors other projects, including a gang and violence prevention program, a multicultural education project, a job training and placement project, a hotline and classes for parents, and an organization that helps parents deal with the schools.

Evidence of Effectiveness

The project's evaluation liaison admitted having problems determining the project's effectiveness. She has experimented with different types of participant surveys, but has been dissatisfied with the information they yield.

Project staff reported, as indicative of the project's success, that many youth return for subsequent sessions and some bring friends. The participants themselves told us they enjoy the project activities because the sessions provide opportunities to be with friends from other schools, to have something to do, and to go to interesting places. The young people particularly enjoy the field trips because they get to meet peers from other project sites. They also said that smoking, drinking beer, and gang activity are problems in the community, but are absent within the project.

Project staff reported that they easily attract and keep volunteers for the mentor program. The volunteers are typically Hmong college students who are committed to helping youth with adjustment problems similar to their own. Project staff also maintained that the HAP projects in

total are experiencing success. They reported high numbers of valedictorians among graduating participants as evidence that the programs are having a positive impact.

Summary

Hmong Youth Pride is a community project that aims to prevent substance use and crime among Hmong young people in St. Paul and Minneapolis, Minnesota. The project began with one site in 1992 and expanded to five sites by January 1993. The project teaches prevention in a context of strengthening participants' sense of identity with the community through culture, language, and tradition and through building relationships with mentors from the community. Formal evaluations have been inconclusive, but project staff and participants alike responded positively when asked about the project's influence on the young people's lives.

EARN YOUR FEATHER

Warren, Halifax, Cumberland, and Robeson Counties, North Carolina

Project Purpose:	To prevent substance abuse among American Indians by performing public awareness activities, assisting community prevention programs, and promoting a balance between traditional Indian values and contemporary alcohol- and drug-related practices
Funding:	
Governor's DFSCA:	$78,304

Project Rationale

The Earn Your Feather project, established in 1987, aims to help change the following staggering statistics, documented in a 1985 report[2] on the health status of American Indians in North Carolina:

- Half of the 10 leading causes of death among American Indians are attributable to alcohol abuse.
- American Indians have an accident mortality rate 2.5 times higher than the U.S. average, and 75 percent of all accidental deaths of American Indians are alcohol related.
- Chronic liver disease and cirrhosis account for three times more deaths among American Indians than the U.S. average.
- Eighty percent of all suicides among American Indians are alcohol related.
- Ninety percent of American Indian homicides occur while either the victim or the perpetrator is intoxicated.

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[2]Report by the North Carolina Division of Health Services, State Center for Health Statistics

To help lower these numbers, Earn Your Feather provides alcohol and other drug prevention services to a previously unserved American Indian population in North Carolina's Warren, Halifax, Cumberland, and Robeson counties. While the project serves the entire Indian community, it focuses on young people, who are faced with difficult decisions about integrating their traditional heritage with mainstream non-Indian lifestyles. Project staff attempt to teach the youth to balance contemporary knowledge of alcohol and drugs with the values of the traditional Native American heritage, giving the tribal youths a sense of pride and enhancing their self-esteem.

Participants, Services, and Activities

In the project's four-county service area, 65 percent of the American Indian population is under 17 years of age, and 36 percent of these young people live in single-parent households. Project staff estimate that they annually serve 800 persons, age four to adult, with over half falling between the ages of 13 and 17.

Project staff have identified five main goals for the project:

1. Make people aware of the dangers associated with alcohol and other drugs and of the importance of community involvement in prevention activities. Plan drug-free alternatives such as cultural, educational, athletic, and community activities.

2. Teach youth about their tribal heritage--heightened self-esteem can help tribal youth resist the temptations of alcohol and other drugs.

3. Include parents in the development and implementation of activities for youth--young people need to know that their parents care and are willing to be involved, and parents need to know how important their participation is to their children.

4. Help parents, community leaders, and other American Indian adults realize that they are the role models for today's Indian youth.

5. Encourage open communication so that tribal youth are aware of the extreme risks associated with using alcohol and other drugs, and of the devastating effects these substances have had on the American Indian community--the youths must be made to feel comfortable in asking questions and sharing experiences.

To accomplish their goals, project staff work in collaboration with local Indian tribes and organizations and human service providers. Earn Your Feather coordinates prevention programs and activities with local tribal youth councils, after-school programs, and the area's Title V Indian Education program. Staff use community substance abuse and prevention programs to arrange and deliver services to Indian youth. They attend and participate in prevention-related conferences, seminars, and training workshops held at the state and national levels to form a network with other substance abuse professionals and enhance the resources and programming provided to the American Indian population. Earn Your Feather also asks people from the community and from local programs, such as DARE, to serve as speakers and resource persons for a variety of after-school youth and community awareness programs, which it sponsors. In turn, Earn Your Feather staff help the local programs and community members by setting up prevention exhibits that target the American Indian community, disseminating alcohol and drug prevention literature, and providing information and materials specifically designed to reach American Indians.

In fiscal 1992, the Earn Your Feather staff performed a variety of such activities to increase awareness of the positive effects of staying alcohol and drug free and the long-term rewards for the American Indian communities: they displayed a culturally sensitive substance abuse prevention exhibit at cultural events and powwows; they distributed T-shirts, pencils, and bookmarks displaying the "Earn Your Feather--Say No to Drugs" logo; and they disseminated

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informational fliers, brochures, posters, stickers, and buttons promoting a no-use message. The project's director addressed groups of parents in the community, coordinated a fetal alcohol syndrome workshop for the statewide Indian Unity Conference, and participated in local substance prevention coalitions, providing representation by the Indian community and encouraging Native American participation. Earn Your Feather staff also coordinated and helped sponsor the activities of the North Carolina Native American Youth Organization and organized its annual conference. The project director met with various groups, including youth at powwows and cultural festivals throughout the state. For instance, the director regularly met with the local Haliwa-Saponi After School Program (see Evidence of Effectiveness section) to talk about alcohol and other drug prevention and to take part in cultural activities.

Funding and Staffing

Earn Your Feather is funded through a DFSCA Governor's award of $78,304 and an Alcohol, Drug Abuse, and Mental Health Services block grant.[3] Both grants are awarded by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services of the North Carolina Department of Human Resources in conjunction with the Governor's Council on Alcohol and Other Drug Abuse. Project funds support two full-time staff positions: the project director and a secretary. The North Carolina Commission of Indian Affairs, established by the North Carolina General Assembly in 1971 to serve as a representative of and an advocate for the

[3]Activities supported with DFSCA funds are limited to substance use prevention and related activities under the DFSCA.

interests, rights, and needs of the state's Native American population, provides facilities and staff support to the project.

Evidence of Effectiveness

Project staff expressed the desire to conduct an outcome evaluation, but said that available funds would not permit such a study. They reported, however, that the project appears to be effective with the population it targets. According to the project director, the success of the project is evident in the high level of youth participation and community support it receives. The director and staff report that their extensive community involvement has given the project invaluable word-of-mouth advertising; consequently, many citizens in the four-county service area are aware of the project, its intent, and philosophy, and the project is respected by the entire Native American community. Even so, the project director is continuously looking for ways to increase involvement with the Indian community and youth. Project staff said that with additional funding, they could also hire staff to make more frequent presentations to a wider audience.

Earn Your Feather staff told us that the project has accomplished many of its objectives. For example, through attendance and visibility at conferences, seminars, and training workshops at the state and national levels, Earn Your Feather staff have been able to form a network with other substance abuse professionals and have enhanced the resources and programming provided to the state's American Indian population.

When RTI researchers visited the Haliwa-Saponi After School Program, the program's director spoke highly of the Earn Your Feather project and of the message the project is

conveying to today's tribal youth at the Haliwa-Saponi sessions and in the community. Many of the youths have attended the After School Program for several years and have seen many Earn Your Feather presentations there. One participant said, "They're always doing something different. I learn a lot . . . and even if nobody ever SAYS it's got anything to do with drugs, I know it does." Another youth said, "I want to be in the project until I go to college." The After School Program puts great emphasis on scholastic and community achievements, and although the youths attending the After School Program are not required to have high grades to attend, many of them have become honor students since entering the project. The youth identified with and responded well to the charisma of the After School and the Earn Your Feather directors, clamoring to be near them and get their attention, and making a point of calling them by their first names. The youth appeared relaxed and comfortable with the staff and each other.

Summary

The Earn Your Feather project, established in 1987, aims to reverse the negative effects that substance use and abuse have had on American Indians in a four-county region of North Carolina. In particular, the project seeks to help young people balance traditional Native American values with mainstream lifestyles. Collaborating with local Indian tribes, Indian youth programs, drug prevention programs, and human service providers, the project annually served 800 persons in fiscal 1992 through drug-free alternative activities, presentations to youth and parents, and distribution of informational materials. The staff also participate in state- and national-level substance abuse prevention events to form networks of professionals and organizations who can serve as resources for the American Indian community. Though the

project does not have funds to conduct formal evaluations, project staff are confident that they are reaching their goals and effectively addressing the needs of their target population.

URBAN APPALACHIAN YOUTH SKILLSTREAMING PROJECT

Cincinnati, Ohio

Project Purpose: To reduce alcohol and other drug use among urban-Appalachian, high-risk youth through participation in group training sessions and experiential learning activities

Funding:
Governor's DFSCA: $76,500

Project Rationale

The Urban Appalachian Youth Skillstreaming Project works to prevent the use of alcohol and other drugs among high-risk youth, ages 13 to 21, who are of Appalachian descent and live in Cincinnati's poverty areas. According to project staff, Urban-Appalachian people have been called an invisible minority; they are not distinguishable by name or outward appearance, but they have significantly fewer advantages than does the majority of the population. The strengths of the Appalachian people, however, include a deep desire to be self-sufficient, a rich spiritual tradition, loyalty to the family and to extended families, courageous survival instincts, and a strong sense of identity through assumption of traditional sex roles.

Typical of the target population for this project are the residents of Lower Price Hill, one of the poorest areas of Cincinnati, a small Appalachian neighborhood in the heart of the city, surrounded by industry. The neighborhood's development began in the 1940s when many people left the Appalachian Mountains to look for work in northern and midwestern urban states.

Many took blue-collar jobs in Cincinnati; in fact, about one-quarter of Greater Cincinnati's population is of Appalachian descent.

Lower Price Hill has many of the characteristics associated with troubled inner cities: school dropout rates are high (Appalachian youth have the highest dropout rate in Cincinnati, which is increasing); many youth are involved in crimes and in gangs; poverty is pervasive; illegal substances are readily available; the crime rate is high; many single females have children; many children are being cared for by their grandparents; and few positive role models exist for young people. Unemployment also has become a problem, but according to project staff, urban-Appalachian people tend to be undereducated and underemployed, rather than unemployed, because of their strong desire to be independent.

Lower Price Hill is also known for having Cincinnati's most serious air pollution problem. Studies conducted in the early 1980s and reported in the Cincinnati Enquirer in April 1989 indicated possible neurological damage to the children of Lower Price Hill as a result of air pollution. Currently, residents may initiate a pollution alert by placing an emergency phone call to mobilize a special team to assess air quality and, if appropriate, sound warning sirens.

Four teenagers who dropped out of school and who participate in the project in Lower Price Hill provided us with insight regarding the nature of the community. One youth had just returned from observing the delivery of a "guilty" verdict for a man accused of killing the youth's 10-year-old brother, an innocent bystander shot during alleged drug-related conflict. Another youth has served time in juvenile detention for stealing a car for a "joy ride." The two remaining teens are working on their general education development certificates (GEDs). When

asked what they plan to do with their lives, these teenagers said they just want to get through today; they see little reason for making long-term plans when they may not survive.

The skillstreaming project hopes to keep youth such as these from using alcohol and other drugs by confronting specific risk factors (poor coping skills, inadequate social skills, feelings of helplessness and alienation) and enhancing protective factors. The project also aims to increase the young people's stake in and bonding to their community.

The project is administered by the nonprofit Urban Appalachian Council (UAC) which, since 1974, has been working to improve the quality of life for Appalachian migrants and their descendants in Cincinnati. For the urban-Appalachian people, UAC advocates for quality education, economic security, access to services, and cultural recognition and identity. To achieve these goals, the UAC functions as the organizational base for a broad spectrum of programs and services.

Participants, Services, and Activities

The skillstreaming project teaches skills in communication, assertiveness, stress management and relaxation, moral reasoning, problem solving, resistance to peer pressure, and career exploration to give participants a repertoire of nondrug-use behaviors, positive life skills, and abilities for remaining drug free. The project also develops youth leadership competencies and personal awareness and identity. Learning activities include modeling of nondrug-use behaviors, role playing of real-life situations involving alcohol and other drug use, and practice of avoidance and resistance skills. According to the project director, project curricula were developed using resources of Goldstein's Prepare Curriculum, Botvin's Life Skills Training,

Gilchrist and Schinke's Life Skills Counseling, and Goldstein, Sprafkin, Gershaw, and Klein's Skillstreaming the Adolescent.

Groups of five or six high-risk youth (nominated by school counselors, UAC staff, friends, or the youth themselves, and accepted because of high truancy, frequent or serious disciplinary problems, or academic failure) meet with group leaders twice weekly for about 12 weeks. During the school year, the project operates a half-dozen school-based groups and two or three community-based groups.

School-based sessions last 50 minutes; community-based sessions last up to 90 minutes. At the first session, participants help define issues by completing a test to identify their own skill deficits. The information they give also helps the group leaders adjust simulated problem situations and vignettes used in the training sessions to meet the life situations of the youth. Session activities include problem-solving games, group discussions, and reading and writing assignments. Groups also take backpacking trips to learn experiential coping skills, and they participate in community volunteer efforts.

The community-based groups target school dropouts and, during the summer, high-risk students who are out of school. Some are identified by organizations that employ youth from the Summer Youth Employment Program (SYEP), sponsored by the Citizens' Committee on Youth. These youth, who must meet poverty guidelines for inclusion in SYEP, work on community projects. The organizations with which the youth work include Back on the Block, sponsored by the city of Cincinnati's Criminal Justice Division, and the West Eighth Teen Council, which provides meeting space and facilities for neighborhood group meetings. Some SYEP participants attend skillstreaming sessions as part of their employment. According to

project staff, working in collaboration with these groups enables them to reinforce bonding between the youth and their communities--a project goal. The project also organized a skillstreaming group among students who are working on their GEDs at a private, nonprofit community school.

Funding and Staffing

Ohio's DFSCA Governor's program distributes one-year awards to less than a third of its applicants each year. As of 1992, the Skillstreaming Project had received two single-year awards of $76,500 each.[4] In addition to the DFSCA awards, the project has received funds from other sources, including the University of Cincinnati.

The project's key staff members are the project director, a treatment case supervisor, a youth employment specialist, and a project consultant. The project director has had extensive experience in social services and counseling and is obtaining certification as a prevention consultant. Currently working on a doctorate in counseling, he integrates cutting-edge theory and research into the skillstreaming program. Because little theory and research precisely fit the needs of urban-Appalachian youth, he works with the project consultant to adapt the most promising practices to this population. The project director, the treatment case supervisor, and the youth employment specialist serve as leaders of the skillstreaming training groups.

A university professor with a joint appointment in special education and psychology programs consults with the project regarding the theoretical basis for program design, project

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[4]Activities supported with DFSCA funds have been limited to prevention and other activities allowable under the DFSCA.

staff training, and program evaluation. The project also receives the support of several other UAC staff, including oversight by the executive director, consultation from the case management supervisor, and assistance for special services to individuals, such as employment counseling and referrals.

Evidence of Effectiveness

Project staff are attempting a rigorous outcome evaluation but have encountered significant barriers related to study design and methods. Key barriers have included time constraints and poor administration methods that have yielded multiple-test sessions and low student motivation for participating in surveys and other data collection activities. Staff members are actively seeking better evaluation procedures and would welcome evaluation guidelines and technical assistance. In fact, the project director suggested that funding organizations consider financing a few rigorous, longitudinal tests of specific types of services and activities with given populations, rather than expecting every project to conduct evaluations with limited resources.

The parents and youth we interviewed indicated that the project is making a critical difference in the lives of the youth. For example, the mother of a teenager who stole a car told us that her son, after completing one group's training, asked to join another one. She said the groups have "saved his life," and when we interviewed the son, he confirmed his mother's views. When asked whether other teenage youth in Lower Price Hill would be interested in such a group, the teenagers we interviewed said "they should be."

According to the project director and parents, some participants would benefit from training and support beyond the project's 12- to 13-week sessions. Although youth can request to join subsequent groups, space is limited. Similarly, parents we interviewed reported that the community has more high-risk youth than the project can currently serve.

The project's consultant, a former school psychologist, thinks schools are the most cost-effective means for reaching high-risk youth, particularly when teachers are trained to reinforce protective skills. The consultant pointed out, however, that this project requires more staff support than most schools can afford. Also, the consultant believes a community agency such as UAC may be better able to strengthen bonding between high-risk youth and their communities than are the schools. The dropout participants, proclaiming the positive effects the project has had on their lives, also stressed the need for the project's community-based services. Further, both the project consultant and project director emphasized that programs designed for the general youth population do not work with high-risk youth, and particularly urban-Appalachian high-risk youth; and they asserted that the skillstreaming project effectively addresses the unique needs of its target group.

Summary

The Urban Appalachian Youth Skillstreaming Project provides alcohol and other drug prevention services to high-risk youth of Appalachian descent who live in poverty in Cincinnati's inner city. Project participants take part in structured activities in group training sessions and experiential learning activities, such as backpacking and community service projects. In particular, the skillstreaming project seeks to improve the youths' skills related to

communication, assertiveness, stress management, moral reasoning, problem solving, resistance to peer pressure, career exploration, leadership, and self-awareness.

Project staff, who complain of insufficient resources for conducting formal evaluations, believe the project is effectively reaching a select group of young people who would be inadequately served by programs for the general youth population. Likewise, parents and youth we spoke with think the project is significantly improving the lives of the young people it serves. Participants are often so pleased with group activities that they ask to repeat sessions; but due to limited space they often cannot. In fact, staff and parents believe the project's scope is insufficient for the level of need in the community.

THREE PROJECTS OF DRUG ACTION, INC.

Raleigh, North Carolina

Project Purpose: To decrease the use of alcohol and other drugs through life skills training; to reduce violence by teaching alternative responses to conflict

Funding:
Governor's DFSCA: $47,456

Project Rationale

Drug Action, Inc., is a private, nonprofit agency that has been working since 1970 to "reduce addiction, abuse, and misuse of drugs, including alcohol" in Raleigh, North Carolina. The organization provides youth and their families with experiential learning activities that enhance life skills essential for positive social, community, and civic involvement. It provides four types of services: preventive, therapeutic, judicial, and rehabilitative. Three of the organization's prevention projects--Going Places, IRC (Information and Referral Center), and Project Manhood--are the subject of this report. DFSCA funding originally enabled Drug Action to establish IRC and has continued to support IRC and parts of the other projects.

Going Places and its follow-up project, IRC, have been serving black youths, ages 8 to 12, and their parents in southeast Raleigh for a number of years. Recently, they combined their efforts and funding to assure that youths receive education and experiences needed to delay or prevent the onset of experimentation with alcohol and other drugs. Project staff try to integrate participants' learned life skills into real-life contexts and teach youths how to resist drugs.

With increasing violence in Raleigh's communities and schools, Drug Action saw a need to institute a third project, Project Manhood, to serve a high-risk population (black males, ages 12 to 15) for whom no effective prevention programs existed. Project Manhood is designed to reduce incidents of violence by teaching participants a rational set of responses to verbal and physical attacks.

Participants, Services, and Activities

Going Places and IRC

School counselors screen and recruit youths to participate in the Going Places and IRC projects. To be considered for participation, the youths must be "ready for prevention education" but must not have been in trouble previously. Hence, young people who sell drugs or have been accused of carrying weapons are excluded. Participants usually have poor grades in school and live in either of two public housing areas that have been identified as high-risk.

Each project operates two sessions during the school year and one in the summer. The school-year session operates every day after school, while the summer session operates on a full-day schedule and has a camplike atmosphere. Drug Action has experienced no problems recruiting participants for any of the project sessions, although recruiting is easier for sessions during the school year than for the summer session because of competition for clients among agencies with summer programs. In fiscal 1992, Going Places provided direct services to 110 youths and 36 parents, and IRC directly served 25 youths and 30 parents.

Participants receive six months of life skills training and tutorial services through Going Places, followed by six months of follow-up through IRC in which they practice the skills learned. The education and experiences provided through the projects are meant to delay the onset of experimentation with alcohol and other drugs and, according to the projects' prevention specialist, teach youth to be self-reliant. Specific areas addressed include stress management, nutrition, fitness, alcohol and drug awareness, self-esteem, decisionmaking, assertiveness training, resistance to drug-related peer pressure, communication skills, media influence, and family interactions. Volunteers from the community provide the tutorial services, which are individually planned with input from teachers, parents, and project staff.

The projects provide free transportation to and from the center, which is a mixed blessing according to staff; parents are less involved in the projects than they might be if they themselves brought their children to the center. In addition, picking up and delivering participants uses much project time. The project has access to only two vans, one of which belongs to another program.

During the six months that their children are in Going Places and IRC, parents must participate in weekly meetings. In addition to alcohol and drug awareness and prevention, topics of the parent sessions include giving children responsibility, communicating with children, building children's self-esteem, and helping children with homework assignments. To encourage parents to attend the meetings, the center provides weekly bus passes and baby-sitters for younger children.

Supplemental to the direct services they provide in the Going Places and IRC six-month sessions, project staff hold "awareness events" such as project graduation nights, parents'

banquets, health and safety fairs, and public presentations to increase drug prevention awareness in the community.

Project Manhood

Project Manhood is a violence prevention project for black males 12 to 15 years of age. Project Manhood participants are youths who do not use alcohol or other drugs but who live in high-risk areas. Some of the participants receive referrals from Going Places and IRC; others receive referrals from schools, churches, recreation centers, the courts, the sheriff's office, or other community organizations. Of the 30 to 40 youths who participated in the project beginning in January 1993, two-thirds came from one middle school.

Project Manhood uses a video-based, anti-violence curriculum and incorporates information on "rites of passage" for black males into its sessions. The project teaches skills related to conflict resolution, self-esteem, and decisionmaking. Project activities include role playing sessions, recreational activities, and field trips.

Funding and Staffing

Three Drug Action staff members operate the Going Places, IRC, and Project Manhood projects. The prevention director, who supervises the operation of all three projects, has been with Drug Action since 1987 when the first DFSCA proposal was written to establish IRC. A prevention specialist helps promote and teach the Going Places and IRC projects and directs Project Manhood. A Drug Action outreach worker, hired from the community, helps teach the

Going Places and IRC project curricula. All staff members receive training from the state-sponsored Governor's Academy for Prevention Professionals.

Drug Action's operating budget in fiscal 1992 was $2.4 million, 60 percent of which was public funding. Prevention activities in the Going Places project are supported by a five-year Center for Substance Abuse Prevention grant. The IRC project, which recently combined funding with Going Places, has been funded since 1990 by a Governor's High Risk Youth grant of $47,456 annually, awarded through Wake County Mental Health.[5] In addition, the Wake County Alcohol Beverage Control Commission makes substantial donations directly to Drug Action. According to the prevention branch chief of the state Department of Human Resources, the state, impressed with the mentoring component of Project Manhood, planned to give the project $40,000 in Governor's High-Risk Youth funds in 1993. In addition to public funding, Drug Action receives monetary contributions and donations of goods and services from the Raleigh-area business community and from churches and individuals.

Evidence of Effectiveness

According to project staff, Drug Action is widely known and accepted in the community; word of mouth has been its most effective vehicle for attracting and retaining participants. Drug Action's executive director reported that the effectiveness of the center's programs is restricted only by the center's limited resources; the youths it currently serves are only a small percentage of the 26,000 young people in the community.

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[5]Activities supported with DFSCA funds have been limited to prevention and other activities allowable under the DFSCA.

A member of Drug Action's Advisory Council reported that Drug Action has moved over the years from teaching solely about drugs to teaching life skills and self-esteem. She said that with the implementation of Going Places, Drug Action has seen a great increase in community awareness and willingness to support its prevention activities. She also told us that Project Manhood is an important way to address anti-violence needs of black males and has a particularly effective dispute-mediation component. According to the prevention specialist, Going Places teaches youth to be independent and reinforces parental values and instructions.

Feedback from parents is also positive. According to a parent of a Going Places participant, the project effectively teaches young people about values and gives them the ability to make their own choices. In particular, the parent said that the project's black male teacher served as an excellent role model for youth who have few positive male role models. Another parent suggested that Going Places sessions should run longer than six weeks, but that even so, the sessions had prompted great improvement in her son's academic performance and in her daughter's assertiveness at school. One parent said that her daughter's grades and attitudes improved after attending Going Places and IRC. The daughter especially gained a greater appreciation for other people and is less selfish. One parent said her daughter is happier and behaves better in all settings. She especially praised the project for offering a wide variety of educational and recreational activities for young people.

Parents we spoke with also praised the mandatory weekly meetings for parents whose children participate in Going Places and IRC. In the meetings, parents discuss problems and gain insights to more effectively handle difficulties with their children. The parents who attend the meetings become a support group and serve as positive role models for each other.

Summary

Drug Action of Raleigh, North Carolina, operates three prevention projects for black youth: Going Places, IRC, and Project Manhood. For youths, ages 8 to 12, Going Places and IRC sessions focus on life skills instruction and application. The participants' parents attend weekly training and support sessions as well. Males, ages 12 to 15, who participate in Project Manhood, learn constructive ways to deal with potentially violent confrontations. Community members view the three projects as effectively serving high-risk, black youth who need prevention services. Parents and project staff are also impressed with the projects' effects.

E. PROJECTS THAT TARGET OTHER SPECIAL POPULATIONS

Overview

In some of the states we visited, Governors' DFSCA funds were supporting projects whose focus was special problems or populations that local prevention specialists, community service agencies, or other organizations had identified. Such groups included gang members or youth at risk of joining gangs, children of migrant farmworkers, youth from neglectful or abusive families, and children with hearing impairments. For example, in Los Angeles, Governor's funds provide partial support for a communitywide effort to reduce gang membership. Since most gang activity is drug related, the DFSCA support is intended to reduce use and abuse among high-risk youth. It is one aspect of the broad strategy that also includes graffiti removal, crisis intervention, job development, and other activities.

Two of the projects in this section, the Bridge Family Center in Atlanta and Attention Homes in Cheyenne, combine shelter, counseling, prevention education, and other services in a "package" that addresses the multiple needs of youth seeking respite from dysfunctional, often abusive, family situations. These projects typically incorporate prevention education and counseling into educational components and recreational activities that youth attend during their temporary residency. They respond to needs of youth that schools are not well equipped to handle. They also provide community and residential services that are critical to the projects' service designs and are not readily available from other sources in the communities. Thus the Governor's funds are filling a gap that local service agencies have identified and are attempting to fill.

One of the projects in this section appears unique in its efforts to develop comprehensive prevention education and supportive activities for a specific disability group--youth with hearing impairments, a group that does not respond well to curricula and instructional materials for hearing persons and that has particularly high risk factors. The Me Too! project operated by an Ohio community-based organization, has developed and tested (in Columbus, Dayton, and Springfield) a comprehensive prevention program for deaf youth. It is now disseminating the program in school systems throughout Ohio, in special schools for deaf students, and to interested educators in other parts of the country. Thus, while the project is operated by a community organization, its orientation is toward at-risk hearing-impaired and deaf students located in regular classrooms, as well as in special classrooms and special schools.

Several of the projects have collected information on effectiveness. The Bridge, for example, has been studied by external evaluators, who found that the project improved participants' behavior, attitudes, self-esteem, and academic progress. The Los Angeles project reported a substantial decrease in gang-related activities in targeted areas. While Attention Homes has not conducted a formal evaluation, project staff cite its rapid growth as an indicator of its effectiveness.

COMMUNITY YOUTH GANG SERVICES

Los Angeles, California

Project Purpose: To reduce youth involvement with gang violence--which is often drug and alcohol related--through prevention, intervention, and community mobilization activities

Funding:
Governor's DFSCA: $98,670

Project Rationale

Community Youth Gang Services (CYGS), a Los Angeles organization working to reduce the gang violence that is so prevalent in the city and that is often related to alcohol and other drug use, is the nation's largest antigang project that is not conducted by police. CYGS works to integrate prevention, intervention, education, and community mobilization efforts with support from the state Attorney General's office, the state Office of Criminal Justice Planning, and the county and local criminal justice agencies.

According to CYGS materials, almost 100,000 people in the city and county of Los Angeles are affiliated with 180 gangs, about 11 percent of whom are considered active gang members. In fact, the major gangs--the "Crypts" and "Bloods"--have active members in 32 states across the nation. In Los Angeles alone, more than 571 people were killed in 1991 as a result of gang violence; 1992 saw 769 such murders. Over 40 percent of the victims of gang violence are bystanders who have no connection to gang members. According to CYGS staff, gang violence frequently stems from drug and alcohol issues related to territorial disputes as well as ethnic conflict in a city that has an extremely diverse population; approximately 39 percent of

the people are Hispanic, 37 percent are white, 10 percent black, 9 percent Asian, and 5 percent American Indian.

Participants, Services, and Activities

Most of the young people served by the CYGS project are school dropouts, children of drug or alcohol abusers, adolescents involved with gangs, or youths from economically disadvantaged families. Project records indicate that CYGS provided services to 4,540 youths in fiscal 1992. CYGS staff told us, however, that a personnel shortage and inadequate financial resources prevent them from reaching all youths who need to be served.

Target Area Strategy

CYGS uses a "target area strategy," approved by the city council and the mayor, to coordinate its activities with those of local residents by imposing block-by-block "attacks" on gangs in the city's gang- and drug-afflicted areas. According to city documents, the residents in some areas have suffered from pervasive drug-dealing, vandalism, and the killing of innocent people, many of whom are small children. The CYGS target area strategy comprises six main components: crisis intervention, community mobilization, drug prevention, parent-teacher education, job development, and graffiti removal.

Crisis Intervention. Specially trained crisis intervention workers strive to establish positive relationships with local gang members and to dissuade youths at risk from being recruited. They prevent or intervene in gang-related disputes, and they redirect members who are not yet "hard core" away from gang activity through job placement, tutoring, organized sports, and referrals to substance abuse, psychological, and medical services. Further, they

provide group counseling related to employment, family counseling sessions to improve communication, and individual counseling regarding school problems. They carry walkie-talkies and two-way car radios, which they can use to contact CYGS headquarters and law enforcement agencies quickly.

Community Mobilization. Through the assistance of an organization called 100 Men Plus, consisting of over 140 men and women volunteers, CYGS mobilizes civic and religious organizations to actively "reclaim their communities" from the influence of gangs. Projects include antigang marches and rallies, neighborhood patrols, family days at parks, and cultural activities.

Prevention. CYGS believes that most youths decide whether or not to join gangs when they are in school; the struggles associated with adolescence--the search for a unique identity and for a sense of belonging--make youths vulnerable to gang influence and associated alcohol and drug use. To prevent young people from becoming involved with gangs and drugs, CYGS conducts a 15-week school-based program called Career Paths focusing on antigang and antidrug instruction. Instructors encourage elementary-grade children to develop career goals and to consider the harmful effects of gang membership and drug use on their goals. Star Kids, a component of the Career Paths program aimed at high-risk youth, matches high-risk youths with juniors and seniors from local colleges and universities who serve as mentors and who model and reinforce nongang and nondrug-use lifestyles.

Parent-Teacher Education. CYGS instructs parents, teachers, and community members on the various aspects of gang activity and related drug activity. To overcome apathy and fear, they discuss problems and generate cooperative solutions. Staff conduct training

programs and develop informational materials that cover practical ways to recognize and change high-risk behavior among youths.

Job Development. CYGS offers pre-employment training to high-risk youth and ex-gang members, and works with local businesses to place youths in jobs. CYGS itself hires some of the young people to work on graffiti removal projects.

Graffiti Removal. According to project staff, gangs use graffiti as a means to communicate territorial boundaries and to warn other gangs not to trespass. CYGS believes that eliminating the graffiti from walls, signs, mailboxes, and the like can help drive gangs away from communities. CYGS's graffiti removal unit, staffed by specially trained crews, works with local communities to remove hundreds of thousands of square feet of graffiti each year. In 1992, 43 businesses, 16 community agencies, and 78 volunteers participated in 350 graffiti removal projects.

Funding and Staffing

In addition to receiving funds from DFSCA ($98,670 in fiscal 1992), CYGS gets funding from contracts with the city and county of Los Angeles, the California Department of Health and Human Services, the United Way, and the California Office of Criminal Justice Planning (OCJP). The Governor's DFSCA funding, which supports prevention-related expenses allowable under the DFSCA, is used to pay for staff salaries, materials, transportation, and speakers, and is awarded by OCJP. OCJP awards grants through competitive bids on the basis of community need. Most grants range from $50,000 to $250,000 for a three-year period, with decreasing amounts allocated each fiscal year. OCJP provides technical assistance to grantees and encourages them to seek matching funds from the community. OCJP also monitors and

evaluates the grantees through fiscal audits, quarterly progress reports, and annual program-monitoring visits to assess established goals.

CYGS operates an administrative office and two regional offices in South and East Los Angeles. Staff include numerous crisis intervention workers who work in the communities; three persons who help match individuals with jobs and seek out employers willing to hire ex-gang members; seven staff members who conduct 15-week courses in the area's year-round schools to teach children in grades 3 through 6 about alternatives to gang membership; and eight staff members who conduct parent-teacher education sessions in neighborhoods and schools. CYGS also hires youths to remove graffiti and mobilizes neighborhood volunteers to combat gang-related activity.

Evidence of Effectiveness

CYGS has received newspaper coverage crediting it with contributing to the considerable decline in gang homicides in South Los Angeles since the early 1980s. The project has been the subject of letters of commendation and support from the chief of police to the city's mayor recognizing CYGS for organizing neighborhood residents to resist gangs, aiding gang members in breaking the cycles that keep them in gangs, removing graffiti, and organizing block meetings. The chief has also complimented the project's efforts to work as a team with the police department, and he has credited the project with reducing "repressible" crime and making the neighborhoods safe enough that many students no longer feel afraid to go to school.

According to a 1990 report from the mayor's office, CYGS efforts in targeted areas yielded a "definite and substantial decrease in gang-related and gang-motivated criminal activity." The report also stated that the CYGS educational courses directed at students in

grades 3 through 6, in combination with parent-teacher training, had a 90 percent success rate over a three-year period in keeping children from joining gangs. At the time of our visit, project staff were planning an evaluation of all CYGS components.

Summary

Community Youth Gang Services has been working since the early 1980s to curtail gang- and drug-related activity among the youth of Los Angeles. CYGS coordinates its efforts with local residents and organizations and uses a target area strategy consisting of six components: crisis intervention, community mobilization, prevention, parent-teacher education, job development, and graffiti removal. Although no recent, formal evaluations have been conducted, the project has received accolades from the mayor's office and the chief of police, and newspaper coverage lauding the project's substantial contributions to reducing gang activity. According to project staff, however, the level of need exceeds the project's resources.

THE BRIDGE FAMILY CENTER

Atlanta, Georgia

Project Purpose: To provide substance use prevention, temporary shelter, crisis support, and education to youth from chaotic, often abusive family situations

Funding:
Governor's DFSCA: $33,067

Project Rationale

The Bridge Family Center, established more than two decades ago, provides temporary residential, preventive, and therapeutic services to abused, homeless, neglected, runaway, and "throwaway"[1] youth from the metropolitan Atlanta area. The project tries to help young people overcome troubled and abusive family backgrounds by providing them with crisis support, academic and life skills, and resources to replace the parenting that should--but according to staff, many times does not--exist. Unlike primary care units, the Bridge accepts referrals and walk-ins and does not restrict its services to youth from a particular county. It is the only treatment program in Atlanta for youth in crisis who come from families with no money and have nowhere else to go.

Participants, Services, and Activities

Nearly all Bridge clients have experienced repeated failure in school and come from economically disadvantaged homes. Some 75 percent have been sexually abused and 53 percent

[1]According to the executive director, some teens "haven't fallen through the cracks; they are thrown out [of their homes and schools]. They end up in jail because people think nothing can be done to help them."

physically abused. According to Bridge staff, their clients use alcohol and other drugs primarily to escape the pain of such abuse.

Annually, the Bridge serves approximately 400 troubled teens. Their 30- to 60-day stays are staggered. Referrals to the project come from numerous sources--the police, hospitals, emergency shelters, group homes, the juvenile court, detention facilities, and the homeless task force. Teens also self-refer via a 24-hour hotline. At any one time, between 15 and 20 homeless and runaway teens participate in the project's core program, an alternative school program that operates from 8:30 a.m. to 3:30 p.m. on weekdays and includes a substance abuse prevention curriculum.

The Bridge treatment program has five elements, four of which (numbers 2 through 5) make up the project's core program:

1. Shelter--includes food and medical care and is provided through coordination with youth shelters in the Atlanta area (see Funding and Staffing section);

2. Counseling--individual and group therapy, counseling aimed at drug prevention/intervention, and art therapy;

3. Education--daily academic classes with school credit, individual tutoring, and health education classes that include instruction in prevention of substance use, AIDS, and pregnancy;

4. Life skills--instruction in job seeking, healthy alternatives to using alcohol and other drugs, money management, cooking, and shopping for groceries;

5. Recreation--introduction to various alternatives to recreational substance use, including physical exercise and field trips (both cultural and educational).

Through sources other than the DFSCA, the Bridge also provides "outpatient" counseling services to youth and families not enrolled in the core program. Staff members report that most clients, after leaving the various shelters, are placed in foster homes or group homes.

Demonstration Period

The DFSCA Governor's program awarded the project a three-year demonstration grant for fiscal 1990 through 1992. During that period, staff members picked up clients in vans from various shelters each morning and took them to the Bridge facility in midtown Atlanta where the students participated in academic and life-skills instruction, counseling sessions, and recreational activities.

During the second year of the demonstration grant, staff wrote the core substance abuse prevention program with health education professors at Emory University. The curriculum--30 modules, with a pretest and a posttest--includes instruction in nutrition and in prevention of substance use, AIDS, and other sexually transmitted diseases.

Every Tuesday, the Bridge's therapists and teachers (including clinical assistants) met with staff from the various shelters housing Bridge clients to discuss each client's educational and therapeutic program. Together, the staffs made adjustments as needed.

Purchase of New Facility and Expansion of Services

Staff members told us that because the community perceived a great need for the project, it contributed nearly $2,000,000 for a permanent facility. In February 1993, the project moved into a formerly abandoned but recently renovated elementary school on seven acres in the Perry/Archer area of Atlanta, the home of four public housing units. More than 90 percent of the Perry/Archer residents are black; 60 percent of adult residents have no high school diploma; and nearly all live in poverty.

The new facility has 24 beds with separate areas for males and females, a cafeteria, counseling rooms, and classrooms. The facility allows space to continue the outpatient

counseling program and provides greater flexibility to Bridge staff, permitting them to extend the stay for clients. The staff believe that a minimum of 60 days in residence will give clients more comprehensive services. To meet the requirements for residential licensing, the size of the staff is expected to double, but the client-to-staff ratio will remain at one to five.

According to the project's development director, several corporations in the area have agreed to provide apprenticeships and work programs for Bridge clients. The Bridge is also negotiating with the Outward Bound program to build a ROPES course on the new property. With the move, the Bridge's primary referral source will become Fulton County Juvenile Justice Department.

Funding and Staffing

Total funding for the Bridge project grew from $463,245 in 1989 to $888,897 in 1992. Grants from DFSCA during this period (including the three-year demonstration grant) totaled $149,673, with $33,067 received in 1992--the final year of the demonstration grant. DFSCA funds have served as seed money, allowing the staff to fully develop the prevention components of the core program.[2] The cost to operate the project at capacity in the new facility is estimated at $1 million per year.

Numerous community groups support the Bridge project with services and materials as needed. In particular, for the past two decades the Bridge has worked with the Salvation Army youth shelters to provide the residential aspect of the project; a local YMCA allows Bridge

[2]Activities supported with DFSCA funds have been limited to drug prevention and related activities allowable under the DFSCA.

clients to use its recreational facilities on a weekly basis; and the city of Atlanta supported a week-long day camp at Camp Allatoona.

The Bridge project has 15 full-time employees. The administrative staff consists of an executive director, a development director responsible for community fundraising, an administrative assistant, and a bookkeeper. A program director and an assistant are responsible for the educational programming, which they conduct with the help of two certified special education teachers and two clinical assistants. There are also two therapists and two case managers.

The Bridge is governed by a volunteer board of directors, which includes representatives from business and community service agencies that target high-risk youth. The project's Advisory Council, formed as part of the DFSCA demonstration grant requirement, includes representatives from teen health care agencies, churches, schools, businesses, university programs for disadvantaged youth, and the media.

Evidence of Effectiveness

The project's outside evaluators found that participation in the project alleviated depression, reduced withdrawn behavior, increased levels of trust among family members, decreased aggressive and angry behaviors, and increased academic commitment and success. The evaluators also found that clients made progress on individually determined goals.

According to the executive director, the Bridge has demonstrated that it can successfully perform crisis intervention with troubled youth, but that substance abuse prevention is a lifetime project requiring a continuum of services that include early identification. The executive director identified the commitment of the staff as being the project's greatest strength.

Due to strict confidentiality and the severity of the clients' problems, we were not permitted to interview teen participants, but several staff members individually recounted a "success story" involving a 16-year-old female client who had been sexually abused by her father since she was two years old. She later became her father's surrogate sex partner when her mother left the girl and her siblings, who were also being abused by their father. The staff members stated that this girl, because of the anger associated with the trauma she had endured, had been one of the more difficult teens the Bridge has served. Nevertheless, after the girl's dismissal from the project, the staff received a letter in which she asked to speak to new clients about the project's importance in her life. She said in the letter, "I know I gave everyone a hard time while I was there, but I would have been dead [otherwise]."

Summary

Each year, the Bridge Family Center of Atlanta serves roughly 400 troubled young people from turbulent and often abusive family situations. According to project staff, many of the young people use alcohol and other drugs to deal with their painful circumstances. The executive director views the project's substance use prevention activities as just part of the ongoing prevention these young people need to receive. Five elements compose the project's treatment program: shelter, counseling, education, life skills, and recreation. In a three-year demonstration project, the Bridge provided a core program to clients housed in Salvation Army youth shelters for 30 to 60 days each. In 1993, the project purchased a new facility that will allow for residential and core program services on the same site and extension of services to a minimum of 60 days for each client. Outside evaluators found that clients improved in academic

and social areas, and project staff related a success story as evidence of the project's effectiveness.

MIGRANT BENEVOLENT ASSOCIATION

Sampson, Johnston, and Harnett Counties, North Carolina

Project Purpose: To reduce alcohol and other drug use among migrant farmworkers through prevention and intervention services and alternative activities

Funding:
Governor's DFSCA: $58,000

Project Rationale

The Migrant Benevolent Association (MBA) is a nonprofit agency created in 1986 to address alcohol- and other drug-related problems facing migrant farmworkers in three rural, eastern North Carolina counties (Sampson, Johnston, and Harnett). In particular, the project aims to (1) decrease the incidence and prevalence of alcohol and other drugs among farmworkers; (2) increase the availability and accessibility of prevention, early intervention, and treatment services; and (3) increase education and awareness about alcohol and other drug use.

The area's Tri-County Community Health Center (TCCHC) founded and houses the MBA program and works closely with it to improve migrant farmworkers' health care. Because MBA is located within the primary care setting, it can offer alcohol and other drug prevention education as a part of TCCHC services, making prevention a health rather than a mental health issue in the community.

According to project staff, farmworkers use alcohol and other drugs extensively, especially alcohol. In fact, Johnston County, called the "home of white lightning," was a well-known supplier of liquor for a wide area in the Southeast before the creation of North Carolina's

Alcoholic Beverage Control Commission. Project staff told us that a number of illegal stills continue to operate in Johnston County. They estimate that during the peak farmworker season, perhaps half of the tricounty population abuses alcohol and other drugs.

Participants, Services, and Activities

During the peak of the 1991 harvest season, 7,000 migrant farmworkers, primarily young blacks and Hispanics, lived and worked in the three-county area that MBA serves. Farmworkers generally work 10 to 12 hours a day, six days a week. They earn a wage that is far below the minimum wage, based on "piecework." The MBA offers a variety of prevention and intervention programs to farmworker adults, but it directs most of its efforts toward migrant youths ages four to 15.

Recruitment and Referral of Clients

All clients identified by TCCHC personnel as being at high risk of using alcohol and other drugs are immediately referred to MBA. In addition to referrals from TCCHC, MBA often reaches youths through its outreach work and through alcohol and drug dependency coordinators in the schools. MBA interviews each referred youth for 30 to 60 minutes to assess attitude and risk level and to develop a prevention/intervention plan. According to the MBA director, a large portion of the population lacks literacy skills and many farmworkers speak Spanish of varied dialects. Obtaining materials geared to appropriate levels of learning and sophistication is difficult. Although the director speaks Spanish fluently, he often must use pictures to effectively communicate drug prevention messages.

The project focuses its outreach efforts on residents of labor camps. Because farmworkers lack transportation and free time, the MBA director asserts that the best way to reach them is to visit the labor camps where they live. He personally visits the camps, taking personal-care kits provided by the TCCHC to the farmworkers. While at the camps, he tells workers about the drug prevention services and activities available through MBA.

In-School Services

According to the project director, MBA has experienced difficulty gaining access to area high schools, perhaps due to competition from other prevention programs that are more established and accepted. Consequently, MBA focuses its in-school presentations on elementary and middle schools. Its main in-school prevention programs are two workshops designed to teach effective refusal skills to young people: Whoa, created for 11-to-14-year-olds by Ombudsman at the Drug Education Center in Charlotte, North Carolina, and Your Choice, Our Chance, created by the North Carolina Department of Public Instruction for 6-to-8-year-olds. Additional presentations, developed by the MBA director, are "Truth and Myths," which identifies differences between alcohol-related facts and falsehoods, and "Know the Difference," which provides information about the differences between candy and medicine for students in kindergarten through grade six.

Community Services

MBA has sponsored several community workshops. For example, teachers and counselors attended a free Whoa training session in the fall of 1991 that included information on preventing drug abuse, rationale for teaching resistance skills, and strategies for using the Whoa

program. In the spring of 1992, MBA sponsored a four-week Parent-to-Parent Drug Prevention Workshop at the TCCHC to teach parents ways to guide youth safely through adolescence. The project has conducted in-service training about alcohol- and other drug-related problems for area workers, particularly those working with Head Start programs. MBA offered similar training services to local mill owners; however, only one employer responded positively and no employees registered to attend.

In 1988, MBA started a community coalition called Farmers in Prevention. To launch the coalition, the project director used a variety of materials--including posters, pamphlets, bumper stickers, hats, and T-shirts--to publicize the problems facing the community and its farmworker population. Knowing that he could not single-handedly operate the coalition, the director applied for and received a $50,000 grant from the state Office of Minority Health. Part of this grant paid the salary of a full-time coordinator for one year. After that year, however, the community did not assume ownership of the coalition and the effort was aborted.

Summer Recreation Program

MBA sponsors an alcohol- and drug-free summer recreation program at TCCHC that operates every Sunday during the peak farmworker season, changes to alternate Sundays as the season progresses, and ceases at summer's end. The project provides transportation to and from the program, picking up as many people as possible within a 20-mile radius. The recreation program provides farmworkers with alternatives to the labor camp atmosphere and to recreational activities that involve alcohol and other drugs. Program activities include sports and games, lunch and refreshments, video movies, and drug prevention education.

Other Prevention Activities

Additional MBA programs include smoking cessation classes and patient screening and referral services. The MBA conducts HIV/AIDS youth counseling for TCCHC. Project staff also distribute alcohol- and other drug-related prevention materials and set up displays and literature racks (including bilingual materials) in neighborhood stores and other public places. The project director, with the help of a medical student, developed a poster presentation called "AIDS, Drug Abuse, and You." According to the director, the presentation stimulated much interest, especially among female adolescents, who statistically are highly vulnerable to the effects of drug abuse and AIDS.

Funding and Staffing

Currently, all of MBA's funding for substance abuse prevention education comes from the DFSCA Governor's program. The project received $65,000 in fiscal 1990 and again in 1991, but funding was cut to $58,000 in fiscal 1992 upon implementation of the federally mandated 10 percent DARE set-aside. DFSCA funds support the full-time MBA director, one part-time outreach educator, and one part-time secretary.[3]

As a rule, the MBA director works with adult farmworkers and the community at large, while the outreach educator conducts most of the youth presentations. Four part-time staff interns (paid by the TCCHC) make drug prevention presentations in schools and at the migrant Head Start program and assist MBA with other forms of community outreach. One intern works one day a week in each Johnston County school, assisting with English as a Second Language

[3]Expenses covered by DFSCA funds are limited to drug prevention and other costs allowable under the DFSCA.

classes. In addition to staff interns, the project receives some services, such as transportation, from TCCHC.

As mentioned earlier (see Community Services section), the director applied for and received a grant from the state Office of Minority Health in 1990. With the one-time $50,000 Minority Male Community Coalition Development Grant, the MBA hired a coalition development coordinator to help organize and implement the communitywide Farmers in Prevention project.

Project staff received training through the North Carolina Governor's Academy for Prevention Professionals. The director credits the training with helping staff determine realistic goals for the project and identify effective ways to approach schools. The MBA has a board of directors that also serves as its DFSCA Advisory Council. The board gives support and direction to the project but has no active role in its operation.

Evidence of Effectiveness

MBA staff reported that teachers are supportive of the in-school presentations. In fact, many teachers seem to prefer MBA presentations to those given by DARE because MBA does not use police officers. The outreach educator also indicated that MBA's in-school programs appear to effectively correct the misinformation that students receive from family members and friends. For example, at the end of a "Truth and Myths" presentation, one youth announced, "I think my friends are telling me wrong."

When interviewed on videotape, farmworkers who attended an MBA summer recreation program appeared impressed with and grateful for the MBA services. According to the project director, however, major barriers to the project's effectiveness are the community's lack of

support for a program that addresses the needs of the migrant population and a general lack of awareness about the great need for prevention services. In an attempt to increase community involvement, MBA arranged for area churches to provide meals for a summer recreation program. Church groups did volunteer to prepare and deliver food, but the MBA director was discouraged by the fact that they did not stay to join in the activities.

Project staff hope, however, that the enthusiasm some young farmworkers are beginning to show for the project will inspire more community involvement.

Summary

The Migrant Benevolent Association, founded in 1986 by the Tri-County Community Health Center, aims to diminish substance use and abuse among migrant farmworkers in three rural counties of eastern North Carolina. The project provides a variety of services including in-school drug prevention education; prevention-related workshops for parents, educators, and employees of local human service agencies and businesses; alternative activity programs; patient screening and referral services; and HIV/AIDS education. Funded solely by DFSCA Governor's funds, the project has received positive feedback from area educators and recipients of the projects services. Staff hope to build upon the current level of enthusiasm to enhance community involvement in an area that is slow to appreciate a project offering prevention services to migrant farmworkers, many of whom live in poverty, speak only Spanish, and are illiterate.

ATTENTION HOMES, INC.

Cheyenne, Wyoming

Project Purpose: To provide shelter, substance use prevention education, and other services to troubled youth who would otherwise be jailed, institutionalized, or returned to turbulent family situations

Funding:
Governor's DFSCA: $25,000

Project Rationale

Attention Homes, Inc., is a private, nonprofit agency in Cheyenne, Wyoming, that provides emergency shelter and group care for troubled youth who often have been abused or neglected, have run away from home, and have had alcohol- or other drug-related problems. Local citizens launched the project in 1972 as an "alternative to putting kids in jail." As such, the project provides youth with structured residential services; prevents youth from being jailed, hospitalized, or institutionalized; and provides therapeutic services to reunify families.

Participants, Services, and Activities

In fiscal 1991 the project served 279 youths. The average age of the youths was 14.8 years; males accounted for 54 percent of the total. Ethnic distribution of the youths was as follows: whites, 78 percent; Hispanics, 16 percent; blacks, 3 percent; and Asians, 2 percent. Attention Homes, Inc., is granted temporary custody of each youth who enters the project. As residents of the project, young people are required to attend their regular schools, to participate in structured activities, and to adhere to strict disciplinary codes.

Each youth receives a behavioral evaluation upon entry and is assigned one of five privilege levels. The lowest level is usually reserved for youth who have run away from the project, have been caught using or selling alcohol or other drugs, have assaulted other residents or staff members, or have engaged in sexual misconduct. These youth have no privileges and no allowances; they may leave the premises only to attend school. Youth at other levels receive weekly allowances ranging from $7 to $10 for doing chores and have varying degrees of free time. At the top level, youths may have jobs off premises. Project staff continually monitor behavior and adjust participants' levels as appropriate.

Service Components

Attention Homes has two service components: the Crisis Center and the Virginia Hirst Home. Both components offer individual, group, and family counseling; assessment services; 24-hour supervision; structured recreational activities; and referral services.

Crisis Center. The Crisis Center provides short-term residential services (30 days or less) to youth who need emergency shelter. The center's capacity at any one time is 13 youth. In fiscal 1991 the Crisis Center served 259 young people. Their average length of stay was 10 days.

The Education Liaison Project (see Funding and Staffing section), the Crisis Center's substance abuse prevention program, works to keep students in school and encourages them to succeed academically in an effort to reduce their risk of using alcohol and other drugs. Attention Homes recently expanded the Education Liaison Project to provide additional assistance for students who have been unsuccessful in school; to promote vocational and life skills training for all residents; to provide opportunities for youth to participate in community and school

substance abuse workshops; and to provide an in-house educational program for residents not in school (e.g., youth given in- or out-of-school suspension, runaways, youth awaiting court placement or assessment). Also, when program staff identify young people at the facility who use alcohol or other drugs, they arrange for the youth to participate in counseling sessions.

Virginia Hirst Home. The Virginia Hirst Home provides long-term residential services (6 to 12 months) to youth who cannot immediately be reunited with their families. The home's capacity at any one time is 13 youth. In fiscal 1991 the Hirst Home served 20 youths. Their average length of stay was 9.5 months.

Funding and Staffing

Attention Homes has 31 employees, including an executive director; a program director; a drug abuse prevention counselor; a director of operations and operations staff who perform maintenance, food services, and clerical services; a social worker; and Hirst Home and Crisis Center supervisors and staff. The staff work closely with local schools, law enforcement agencies, and mental health facilities. Also, 21 people from community organizations, businesses, and schools serve on the project's board of directors.

Attention Homes, which has an annual budget of $700,000, receives materials and funding from varied sources, including individuals, community businesses, churches, clubs, and other organizations. A $25,000 DFSCA Governor's award for fiscal 1992 helped finance two full-time staff positions for the Education Liaison Project: a teacher liaison and a vocational and life skills specialist.[4]

[4]Activities supported with DFSCA funds are limited to prevention and other activities allowable under the DFSCA.

The teacher liaison is a certified teacher with experience in working with special education and high-risk students. The teacher instructs the students in the in-house education program; supervises study time after school; tutors students as necessary; and works with school district and other Attention Homes staff to plan constructive programs for each student and communicate students' needs to teachers and counselors.

The specialist helps the teacher with the in-house education program and provides training in vocational and life skills. The specialist helps residents improve their basic life skills and job-entry skills, works with school district personnel to provide vocational assessments of residents, and works with Attention Homes staff and community organizations to provide meaningful work experiences and community service opportunities for residents.

Evidence of Effectiveness

Attention Homes personnel cite the project's growth as an indicator of its effectiveness--since its development in 1974, the project has grown from a staff of two and a budget of $46,000 to a staff of 31 and a budget of $700,000. The recidivism rate for participants is 36 percent per year, but staff hope to reduce the rate to five percent with the expansion of the Education Liaison Project.

Local school officials appear to be impressed with the project's effects on young people and its relationship with the schools. The principal of a local junior high school reported that the grades and achievement levels of students who have resided at Attention Homes have substantially improved. He also praised the excellent coordination efforts between Attention Homes and the school. An associate principal of an area high school credited the project with keeping students in school and helping them progress in their studies. He complimented the

project staff's ability to communicate effectively with the school and applauded the caring attitude the staff display toward the youth.

Summary

Attention Homes, Inc., of Cheyenne, Wyoming, provides shelter and group care to troubled youth to keep them from being jailed or otherwise institutionalized or returned to disruptive, often abusive, homes. The project, which served 279 young people in fiscal 1991, provides individual, group, and family counseling; assessment services; 24-hour supervision; recreational activities; and referral services.

The project's Crisis Center offers short-term emergency shelter, and its Hirst Home provides long-term residential services. DFSCA Governor's funds support two staff positions for the Crisis Center's alcohol and other drug prevention component--the Education Liaison Project--which Attention Homes recently expanded.

Project growth is viewed by staff as indicative of the project's effectiveness. Local school officials applaud project staff for working cooperatively with the school system, and they credit the project with improving the school performance of project participants.

THE ME TOO! SUBSTANCE ABUSE PREVENTION PROJECT FOR DEAF AND HEARING-IMPAIRED YOUTH

Columbus, Dayton, and Springfield, Ohio

Project Purpose: To prevent deaf and hearing-impaired youth from using alcohol and other drugs by developing and distributing substance abuse prevention programs designed specifically for deaf and hearing-impaired youth

Funding:
Governor's DFSCA: $57,000

Project Rationale

The Me Too! substance abuse prevention project develops and implements culturally sensitive substance abuse prevention programs for deaf and hearing-impaired youth for use in school settings. The project is based on the assumption that successful substance abuse prevention programming for deaf youth includes three components: (1) sound, accurate, age-appropriate information regarding the use of alcohol and other drugs; (2) development of self-esteem; and (3) community support. The project's goal is to prevent the use of alcohol and other drugs among deaf youth by helping them make healthy choices and by weakening negative environmental influences.

According to the project's director, deaf youth are generally believed to be at higher risk of developing substance use problems than are their hearing peers; some documented factors associated with deafness that can lead to use of alcohol and other drugs are low self-esteem, social isolation, loneliness, low educational achievement and poor academic performance, communication barriers, and inappropriate and ineffective educational approaches to prevention.

In addition, factors contributing to the use of alcohol and other drugs in hearing as well as deaf populations--identity problems, family problems, difficulties in personal relationships, inadequate coping skills, and poor decisionmaking skills--are exacerbated by hearing loss.

Project staff reported that deaf youth, after entering the deaf community, are strongly influenced by its members and often develop stronger ties to the deaf community than to their families. For this reason, the staff believe that prevention programs for deaf youth must address the entire deaf community and culture, and members of the deaf community must support each other's efforts to remain drug free. According to the project director, the deaf community generally provides few role models to whom deaf youth can turn for help in handling problems associated with the use of alcohol and other drugs. In addition, many deaf people are reluctant to seek help for substance use problems for fear that others in the deaf community may learn of their troubles by way of the community's active "grapevine." To make matter worse, deaf persons who do seek treatment and counseling services often fail to get proper help because service providers generally are ill-equipped to serve them.

Regarding school programs, project staff contend that deaf youth are unable to benefit adequately from curricula developed to prevent alcohol and other drug use among hearing students even when the content is interpreted with sign language, and deaf youth can misunderstand anti-substance use messages in media. Such learning is largely auditory and relies heavily on social interaction, and the material often fails to address the unique problems faced by deaf youth. To help make prevention education more meaningful for deaf students, the Me Too! substance abuse prevention project seeks to provide instructional materials and activities designed specifically for deaf youth; namely, curricula rich in "hands on" learning experiences and delivered by deaf adults or specially trained hearing instructors.

Participants, Services, and Activities

The Me Too! program's components include an eight-week prevention curriculum for students from kindergarten through grade 12, a Prevention Fair, deaf community support, parent involvement, and deaf peer counseling. The project has also published a comprehensive manual to assist with implementation of the Me Too! components and has produced a series of videotapes to supplement training of workshop leaders.

The project has hosted statewide conferences, and the project director has presented at state and national conferences.

Prevention Curriculum

The Me Too! project field tested its prevention curriculum in 1990 with deaf and hearing-impaired students in schools in Springfield and Dayton, and in two classes at the Ohio School for the Deaf in Columbus. The curriculum consists of eight one-hour units (called "workshops") for students in grades 6 through 12 and eight half-hour workshops for students in kindergarten through grade 5. Two workshop leaders (usually deaf or hearing-impaired adults from the school's community) conduct one workshop per week, during regular school days, for eight weeks; teachers are encouraged to continue discussions of workshop topics throughout each week. The workshops cover three topics: drug and alcohol awareness and information, self-esteem, and resources for additional help. Workshop activities are highly interactive, visual, and experiential, relying on role playing and discussion. Curriculum instructions encourage workshop leaders to be creative and flexible to meet students' individual needs and to assure their understanding of the information being conveyed. According to project staff, the

curriculum's experiential approach is appropriate for use in regular classrooms with mainstreamed deaf youth and in self-contained classrooms for deaf students.

Prevention Fair

Following the eight-week series of workshops, students, their families, school personnel, and friends receive invitations to attend an all-day Prevention Fair. The fair features speakers, exhibit booths, and activities related to prevention of alcohol and other drug use. According to project staff, the fair gives students and their parents a chance to learn about community services discussed in the workshops and to meet representatives of local and regional agencies and services. In addition, the fair is designed to raise community awareness of drug and alcohol use among deaf youth.

Deaf Community Support

In its third year of existence, the project is trying to work more with deaf adults and service providers to encourage open discussion of alcohol- and other drug-related education within the deaf community. The project encourages members of the deaf community to educate deaf youths about alcohol and other drugs and seeks to enable deaf adults to serve as positive role models for deaf youth. Project staff work to strengthen deaf adults' own self-esteem, to build positive coping skills, to teach the adults to use resources within the deaf culture, and to help them appreciate their own experiences as competent deaf adults.

Parent Involvement

The Me Too! project has developed programs with activities designed to (1) increase parents' awareness of the potential for abuse among the deaf, (2) increase skills necessary for parents to help deaf youth develop healthy lifestyles, and (3) increase parental knowledge of the services and resources available to deaf youth when problems arise. Parents of participating students receive information about the Me Too! project and are invited to attend the workshops. The project also sends a weekly parent newsletter home with every student. The newsletter explains the week's target message and workshop activities, and suggests at-home, family-based activities that complement the curriculum. Project staff plan to strengthen the parental involvement component, but they reported that transportation problems preclude active participation for some parents. Many deaf students live long distances from school, and some board at state schools during the week; as a result, their parents have difficulty participating in activities.

Deaf Peer Counseling

In collaboration with the Ohio School for the Deaf, the Me Too! project developed a deaf peer support program called Deaf Peer Power. The program is designed to provide peer counseling and interaction to deaf adolescents in grades 7 through 9. The project initially trains youth peer counselors and adult staff advisors from participating schools for five days at the Ohio School for the Deaf. The training topics include self-esteem, empowerment and assertiveness skills, decisionmaking and problem-solving skills, alcohol and drug awareness, interpersonal communication skills, alternatives to drug and alcohol use, deaf pride, and resources. After the training, the students and staff return to their respective schools where they

implement Deaf Peer Power support programs. As programs become established, the trained students and staff recruit and train other students to serve as peer counselors. About once a month, the peer counselors meet with the staff advisors, who periodically receive Deaf Peer Power newsletters from Me Too!, to continue activities that develop their own self-esteem and to discuss their peer counseling efforts.

Program Manual, Videotapes, and Training

The project has published a comprehensive manual for implementing and operating the Me Too! components. The manual contains guidance for finding, selecting, and training deaf and hearing adult workshop leaders; instructional plans for the workshop series; directions for setting up the Prevention Fair; pictures and activities; information for teachers and parents; and instructions for conducting program evaluation.

The project also offers three-day training sessions for workshop leaders. In addition to learning about the topics in the manual, session participants receive information about drug and alcohol dependency and engage in human relations and self-esteem-building exercises. To supplement the workshop-leader training, the project director, working with a crew of deaf persons, produced three videotapes (one each for elementary, middle school, and high school workshops). Each tape, designed specifically for training deaf workshop leaders, includes all topics covered in the workshops and is presented in American Sign Language. Project staff emphasize that having deaf workshop leaders is critical to the project's success because deaf students have few positive deaf adult role models. In fact, the project's philosophy is that Me Too! means "by the deaf" not "for the deaf."

Funding and Staffing

The Community Network, Inc., a nonprofit agency formed in January 1990 to address the needs of special populations, administers the Me Too! project and four other projects for deaf and hearing-impaired persons. Together, the five projects provide a range of alcohol- and other drug-related prevention awareness, education, and treatment services for deaf persons, as well as a crisis response program that trains emergency staff, firefighters, and the police in effective procedures for responding to deaf persons. The Community Network receives $57,000 per year from the DFSCA Governor's program, which it uses for drug prevention activities allowable under the DFSCA. According to the Me Too! project director, consecutive awards over three years supported the progressive development of the Me Too! components.

The driving force behind the development of the Me Too! project is the project director, who is deaf; she is a graduate of Gallaudet University. Community leaders and project staff consistently praised her as uniquely qualified for this task because she can teach youth of various ages, communicate the needs of deaf people to the hearing community, and engender pride in young and adult members of the deaf community.

The executive director of the Community Network performs financial planning and accounting, monitoring, and public relations functions for the Me Too! project. A clinical psychologist serves as a consultant to the project, and an outside evaluator designed surveys for participant feedback.

Soon after developing the prevention curriculum, the project director trained four adult leaders who are deaf or hearing impaired to serve as workshop leaders for deaf and hearing-impaired youth. The four leaders represented a range of hearing losses, communication skills, and experiences growing up in hearing and deaf worlds. Their experiences with alcohol and

other drugs varied from "no use" to "some experimentation." The four leaders also represented a variety of educational backgrounds, from mainstreamed settings using the oral method to the total communication approach in residential school programs. Staff reported that the variation in personal characteristics has proved to be successful in their efforts to establish rapport with deaf students.

Evidence of Effectiveness

The effects of the Me Too! programs extend beyond school systems. As of August 1992, Me Too! program materials had been disseminated to six Ohio agencies that provide alcohol- and drug-related prevention and treatment services to deaf and hearing impaired individuals, at least seven state schools for deaf and hearing-impaired children outside Ohio, and to a dozen other educational and service groups outside Ohio. After demonstrating the need that deaf persons have for special services through the Me Too! programs, the Community Network has obtained additional funding for other services, such as alcohol and drug treatment and crisis response training programs for firefighters and other helping professionals.

According to the project's consulting psychologist, the Me Too! project, along with others administered by the Community Network, has raised the public's awareness of deaf community needs, resulting in implementation of more programs to serve this population by state agencies, such as the Department of Mental Health.

During 1991 Ohio schools for deaf or hearing-impaired children enrolled 322 students, ranging in age up to 22 years. Another 1,539 students of similar age were enrolled in self-contained classes in the state's public and private schools and in special city and county programs. Prior to the Me Too! project, almost no deaf students participated in mainstream

public school prevention classes in Ohio, and few were included in the residential (state) school prevention classes. But as of August 1992, Me Too! program materials had been distributed to 50 school systems in Ohio.

Project staff report that surveys of program participants indicate positive reactions to the workshops and increased knowledge of alcohol and other drug facts as a result of the workshops. Project staff, teachers, school administrators, workshop leaders, and participating students reported that the program materials are highly effective in communicating the substance abuse prevention message to deaf and hearing-impaired youth.

Summary

The aim of the Me Too! project is to develop and disseminate substance abuse prevention programs for deaf youth. The project delivers its services directly to deaf youth and to other individuals and groups (e.g., parents, professionals working with the deaf community) that are likely to influence the choices deaf young people make regarding alcohol and other drugs.

Substance abuse prevention components conceived and implemented by the project include an eight-week prevention curriculum facilitated by deaf and hearing-impaired adults; a Prevention Fair at which families and community members can learn about substance abuse problems facing deaf youth and useful resources; deaf community support to encourage deaf adults and young people to bolster each other's efforts to avoid alcohol and other drugs; alcohol- and drug-related programs for parents of deaf and hearing-impaired youth; deaf peer counseling programs; and adult advisor and facilitator training services. In three years, Me Too! has developed its components and has distributed them widely throughout Ohio and beyond. Because of the project's efforts, substance abuse prevention education designed specifically for

deaf students is being implemented in many Ohio schools and is receiving positive reactions from everyone involved, from school administrators to participating students.